SICIANS shoul PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) MA. classified (Month) (Day) If LESS than TAGE 1 day, hrs. OR ..... min. ? properi 8 OCCUPATION (a) Trade, profession, or particular kind of work supplied (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) BIRTHPLACE OF FATHER (State or country) 2 12 MAIDEN NAME ATH in plain OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. .... mos. Where was disease contracted 14 THE ABOVE IS If not at place of death? OF DE Former or 10 usual residence. Every item CAUSE OF important. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER Flied ... 00 REGISTRAR z

If more blanks are needed, address State Regis trar, 8 E. Franklin St. Baito., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or institution. give its NAME Instead of street and number. 7

DATE OF BURIAL

ADDRESS

MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at ...... The CAUSE OF DEATH\* was as follows: \*State the DISEASE CAUSING DEATH or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the State ..... yrs. .... mos. .... ds.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. causing peath, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to the same disease. Examples: Cerebrospinal fever (the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Turrebral scotichae injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock." -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchonncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_ is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Traemia," "Weakness," etc. ... (name origin; "Can State cause for Examples: For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... St.:....Ward) alleno MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. Month) ORDIVERCED (Write the word) I HEREBY CERFIFY, That I attended deceased from 6 DATE OF BIRTH 4.2.2. 19L3 . to Cenc (Year) (Month) (Dav) 7 AGE It LESS than and that death occurred on the date stated above, at O. 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) EN \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. ARE 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. (State or country State ..... yrs. ..... mos. ..... ds Where was disease contracted. it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed....., 191 REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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It death occurred in

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of iliof persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None been changed or given up on account of the nismass Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But In many CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

KENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeample: Mcastes (disease causing death), 29 ds.; valvular heart disease; nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ture of the American Medical Association.) The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of Chronic interstitial nephritis,



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No .... .....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH . 191.3. to Cla that I last saw harmalive on (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at / / J a.m. 1 day, .....hrs. The CAUSE OF DEATH \* was as follows OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory ..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER . 191. 3. (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. mos. ..... ds. State ..... yrs. \_\_\_\_ (State or country Where was disease contracted. 14 THE ABOVE IS TRUE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons (0)

Statement of cause of death—Name, first, the dibease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Turreman scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing affection need not be stated unless important. Exusat neoplasms) : Mcasles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... scpsis, tctanus) "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Always qualify all discases resulting from "Senile," etc.), (Recommendations on statement of may be stated under "Dropsy," "Exhaustion, 'Traemia," "Weakness," (name origin; "Candeath), 29 ds.: State cause for Never report the head Examples:



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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

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mage of Oily my July	7	(140)		

a hospital or Institution, give its NAME Instead

2FULL NAME Joseph / Decke	Of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Seingle, Married Whole (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw here allve on and 14 1913.
TAGE  If LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, at 2, m,  The CAUSE OF DEATH* was an follows: 1, 1, m,  The CAUSE OF DEATH* was an follows: 1, 1, m,
(a) Trade, profession, or particular kind of work setured farmed  (b) General nature of industry,	
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  MONH Pancl	Contributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF FATHER Jacob Blecker  11 BIRTHPLACE OF FATHER OF FATHER  (State or country) MANY PUNCY:	(Signed) M. M. Aihiger M. D. Ceng 14, 1913 (Address) La gas tom Med
12 MAIDEN NAME Parvaru Schrung	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Interment) Mrs. Josiah Blacker	if not at place of death? Former or usual residence
16 Filed 193 Henry Davis REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  BOUND FOR GENELLY, CANAL T., 1917.  20 UNDERTAKER  Willeam Frank Burial  Burnelia Address

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhkid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of ungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution, give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day (Month (Year) It LESS than TAGE and that death occurred on the date stated above, at 1 day.....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 9, 191 3 (Address) Ja ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death State ..... yrs. ..... mos. . \_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO MY KNOWLEDGE It not at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; ratvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name orlgiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and cousequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Coutheula," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

	PLACE OF DEATH	STATE OF MARYLAND
	Wash 1 11411 A	CERTIFICATE OF DEATH
20	ounty assurgion	2 4 4
		Registered No.
v	illage or City Haucock (No.	[if death occurred in
	(10,	St; Ward) a hospital or institution, give its NAME instead
	1111:0 /3 40	of street and number.]
	FULL NAME COM 1007	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
1	MARRIEO, Married	(Mønth) (Day) (Year)
1	esuale Vhite. (Write the word)	(Mynth) (Day) (Year)  17   I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH	1 1
	100,01 1867	191.3, to 60 004.4.3, 191.3
	(Month) (Day) (Year)	that I last saw hta alive on All 9 7 191 3
7 A		and that death occurred on the date stated above, at
	45 7 1 t day,hrs.	The CAUSE OF DEATH* was as follows:
	yrsds,   ORmin. ?	4 ( ) (
	CCUPATION ITrade, profession, or	Julisantous,
pa	ticular kind of work foursewife	
	General nature of industry,	
	ness, or establishment in ch employer)	(Duration) 2 yrs. mos ds.
		Contributory
(S	RTHPLACE tate or country)	(Secondary)
	10 NAME OF	(Ourafion) yrs. mos. ds.
	FATHER TOMES Notreson	(Signed) , Clycly , MD
S	11 BIRTHPLACE	, 191 (Address) Hanase Nnu
Z	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent
PARENT	12 MAIDEN NAME	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
A	OF MOTHER (MISSISS A AMEL)	
DL.	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Hullon Co Fa,	Af place in the
14-		of death yrs mos ds. State yrs mos ds. Where was disease contracted.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Informant) Durinelle // Obuson	Former or usual residence
	(Address) Hancoci Tud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	a sta VV and	(Colux Grove China) and 5 1012
	allet HV 101 A a 1. Of bless from	20 UNDERTAKER ADDRESS
FI	REGISTRAN	M. + C. Tripus
-	if more blanks are needed, address State Registrar, 6	
	and according address blate hegistrar, 6	m. Frankin St., Barto., Kequesting V. S. No. 1.

[Approved by L. S. Census and American Public Heaith Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-(a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing diverse the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc., Carcinoscia

scpsis, tetanus) may be stated under the head ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpperal septichueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic ample: Measles affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. oma. Sarcoma. etc., of is iess definite; avoid use of "Tumor" for maiig-The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 1 1918
BUREAU, V.S.

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Washing to	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30/
Village or City/Villiamsfrt/(No. 1 b, C) 2FULL NAME Harry H.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH A (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
Month (Pay (Year)	that I last saw here alive on and 28, 1912.
7 AGE  14 yrs mos 24 ds. OR min.?	and that death occurred on the date stated above, at 8.15 Pm, The CAUSE OF DEATH* was as follows:  Occur ory by Occiousbale
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. is. Contributory Heredry Logis of Seems
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER William M. Bovey	Secondary trustions in the second secondary (Duration) yrs mos. (Signed) LOS Richardson, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease confracted,
(Informant) William M. Bovey (Address Williamshoft WX	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Aug 30 193 6. 6. Rickard	Williamsfort Md. aug 31, 191 3 20 UNDERTAKER  MADDRESS  ADDRESS  LOLD  ADDRESS
	rar, 6 D. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer—Coal first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify-us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 6 1913
BUREAU, V.S.

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County Washington 11413	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Hagerstown (No. )49a	Registration Dist. No. Land levander  St.; Ward)  Bowman for institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale white (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  January 5, 1908  (Month) (Day) (Year)	fully 20, 1913, to any 8, 1913 that I last saw h. in allve on any 1913
7 AGE  3 yrs. 7 mos. 3 ds. OR min.?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Enlerd Colelas  (Ouration) yrs. mos. 20 ds
9 BIRTHPLACE (State or country) Maryland	Caroline Ehansly yrs mos ds
10 NAME OF FATHER Harry & Bownau  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signed), M. 0  Ouy 9, 191 3 (Address) (Signed), M. 0  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Sa May Huntybuyu  13 BIRTHPLACE OF MOTHER (State or country)  Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death
(Interment, Harry B. Bournan	If not at place of death?  Former or usual residence
(Address) Magustown MA  15 Filed 8 4 - 1913 Registrar Registrar 6	19 PLACE OF BURIAL OR REMOVAL  Rope Hill, Hagestown, Sp. 1913.  20 UNDERTAKER ADDRESS  AK. Cooffman Hagestown  E. Franklin St. Ratio Requesting V. S. No. 1

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[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrental septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." ample: Measles (disease causing "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS, OF INJUSY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Ar-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can-State cause for death), 29 ds.: Examples:



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Important.

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### PHYSICIANS should of OCCUPATION is RECORD PERMANENT EXACTLY. Exact properly classified. UNFADING INK-THIS carefully supplied. PLAINLY, WITH on back See instructions OF Every Ite

state

County Washington STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No

[It deeth occurred in

FULL NAME William Osca	Bouser and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Shingle, MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
7 AGE   If LESS than 1 day,	that I last saw h Manualive on Manual 20, 1913, and that death occurred on the date stated above, at 9 P. m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Secondary
10 NAME OF FATHER DE BOURSEY  11 BIRTHPLAGE OF FATHER (State of country) Maryland  12 MAIDEN NAME OF MOTHER Mahalia Wolfe	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place in the ot death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death?————————————————————————————————————
(Address) Walkanshut Md  16 Filed Airg 256, 1913 C. E. Rickard, Registran  16 It more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL  William A. J., 191.3  20 UNDERTAKER  LOG WILLIAM ST., 181.3  ADDRÉSS  LOG WILLIAM ST., 181.3  LOG WILLIAM ST., 181.3  LOG WILLIAM ST., 181.3  LOG WILLIAM ST., 181.3  LOG WILLIAM ST., 181.3

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, I'or many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," engincer, (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichacample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 6 1913 BUREAU. V.S.

8. No. 1.

N.B

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

į	PLACE OF DEATH 11415	STATE OF MAI CERTIFICATE O	
Co	unty May wagure	Register	ed No. 3/0.
V	Iltage or City Weseston (No.	St; Ward	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME Joseph 4, 102	ooks	···
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SE	Acolor OR RACE Single, MARRYED, WILLIAM WILLIAM OF THE WORLD (Write the word)	16 DATE OF DEATH (Month)	(Day), 1913
80		17 I HEREBY CERTIFY, That I	attended deceased from
·	ATE OF BIRTH	, 191, to	, 191,
	(Month) (Day) (Year)	that I last saw halive on 2	allevelled
7 AC		and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	
	yrs. omos. ds. ORmin.?	The CAUSE OF DEATH * Was as follows:	
(a) pai (b)	CCUPATION  Trade, prefession, or ricular kind of work	Sudden Car unknown (Ouration)	use man de
	ch employed (or employer)		
9 BI	RTHPLAGE (Rate or country)  Manyland	Gentributory (Secondary)	
	10 NAME OF SOME STATE PROVIDE	(Signed) 9. Tourtee	
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and	7.0
PAREN	12 MAIDEN NAME Gladan Fesher	18 LENGTH OF RESIDENCE (FOR HOSPITALS.	
	13 BIRTHPLACE OF MOTHER (State or country)		yrs, mos, ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
	(Informant) Fred Fisher	Former or usual residence	
	(Address) Perestone Md	19 PLACE OF BURIAL OR REMOVAL	aug / th 1913
15 Fil	ou auguanos Emmas, yourkin	20 UN DERTAKER	ADDRESS
	A RECIETAR	141 10 11 1 2 2 2 1 1 2 2	1101/21.00.01

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

3 3

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease Causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puenperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_ by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1913
BUREAU, V.S.

V. S. No. 1.

	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
NEOOR D	PHYSICIAN of OCCUP
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THE PROPERTY OF THE PROPERTY O	. AGE shou properly cla
	ully supplied t it may be ficate.
	ild be caref ms, so that back of cert
•	Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.
	em of infor OF DEATH nt. See inst
	N. B.—Every II CAUSE Importa

	PLACE OF DEATH 11416  DUNTY Washington  Blage or Git Williamsfurt (No. Sc.  2FULL NAME Arma Cather	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	male 14 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	18 DATE OF DEATH  (Month) (Day (Year)  17   HEREBY CERTIFY, That   attended deceased from
8 p	ATE OF BIRTH  (Month) (Day (Year)	that I last saw h. 11 alive on Clay 70, 191 3.
(a pa (b) bus	yrs # mos 19 ds. or min.?  OCCUPATION 1) Trade, profession, or articular kind of work  ) General nature of Industry, siness, or establishment in nich employed (or employer)	and that death occurred on the safe stated above, at
ARENTS	10 NAME OF FATHER William L. Brown  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTH	Contributory Secondary  (Buration)  (Signed)  (Signed)  (Signed)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Manyland THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Alice Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 F Franklin St., Balto., Lyquesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations galufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—It respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probabily etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of Never report

If this eerificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 6 1913
BUREAU. V.S.

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stated EXACTLY. PERMANENT properly classified. 4 be UNFADING INK-THIS IS should AGE carefully supplied. may be that It WRITE PLAINLY, WITH terms, should in plain Every item of information CAUSE OF DEATH in plair important. See instructions

certificate.

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See Instructions on back

PHYSICIANS should state of OCCUPATION is very

RECORD

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[if death occurred in a hospital or institution, give its NAME instead

2 FULL NAME James W Burg	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED	16 DATE OF DEATH 8 27 , 1913. (Month) (Day) (Year)
B DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY That I attended deceased from 15, 1913, to dug 27, 1913.  that I last saw h Language and 1913.
7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) More faud	(Secondary)  (Duration)  yrs
11 BIRTHPLACE OF FATHER (State or country) May laural	(Signed)
of MOTHER Ota & Roword  13 BIRTHPLACE OF MOTHER (State or country) May lau U	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the of death
(Informant) Could to The Best of My KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
15 Filed 9/28 1913 Herry Davis REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  RAYLOW  ACTION  ACTION

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative Realthful-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculoists of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage. as "Purrperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," "Hard failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_\_ is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Taemla," "Weakness," \_ (name origin; "Can Examples:



### PHYSICIANS should of OCCUPATION IS RECORD properly classified. Exact statement PERMANENT stated EXACTLY. AGE plain terms, of information DEATH in plair

certificate.

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See instructions on back

CAUSE OF I

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state Very

County...

PLACE OF DEATH 11418	
County Washing	151
Village or City Lestret (No. 21	

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No...

Ct.	(hearth)	1111

[If death occurred in a hospital or Institution,

	FULL NAME Mildred Ruth	Byers and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE  SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (19 3 , 1913 . (Month) (Day) (Year)  17 . I HEREBY CERTIFY, That I attended deceased from
6 D	MATE OF BIRTH  July 7, 1913  (Month) (Day) (Year)	Biath 1913, to aug 3 , 1913 that I last saw har ally on July 25 , 1913
7 A G	if LESS than 1 day, hrs. or ds. or min.?	and that death occurred on the date stated above, at 6
(a) par (b) busi	Trade, profession, or Ilcular kind of work  General nature of industry, ness, or establishment in the employed (or employer)	Some he eks (Ouration) yrs. mos ds
9 BI (St	10 NAME OF FATHER AND H. Buers	(Secondary)  (Ouration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)
ARENTS	11.BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)  Muny Mes Cayhage  14 Don't Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
	Informant) Hagerstouch Fin Mose	Where was disease contracted, If not at place of death?  Former or usual residence.  19 RACE OF BURIAL OR REMOVAL  Middlebury, Mil 8 5 , , 1913
FII	ed /4 1913 Herry Waves	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

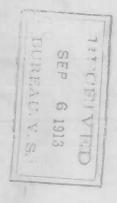
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only, when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Turrperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition." "Maras injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock." may be stated under the head (Recommendations on statement of "Taemla," "Weakness," (name origin; "Can death), 29 ds. Examples: 0



PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be significant to properly classified. See instructions on back of certificate. 4 PLAINLY, WITH UNFADING INK-THIS IS -Every item CAUSE OF important. m ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[It death occurred in a hospital or institution, give Its NAME Instead of street and number.]

color or race Single, MARRIED, Widower, ORDIVORCE Ungle (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
(Write the word)	17) I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	July 1 1913, to Aug 1/ , 1913, that I last saw h. 1222 alive on Aug 1913
if LESS than	and that death occurred on the date stated above, at
yrs	The CAUSE OF DEATH* was as follows:
none	
istry, nt in	Perlusses (Duration) yrs. 1 mos. 7 ds.
· And	Carchae Chaush Quration yrs mos ds.
Roy Dames	(Signed) (Signed), M. D.
antry) Md	*State the DISEASE CAUSING DEATH, OF, In deaths from WIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
Mary Skilis	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
entry) Add	At place in the ot death yrs mos ds. State yrs mos ds
UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
y Dannie	Former or usual residence
agerston Md.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
193 Herry Drivis	20 UNDERTAKER ADDRESS
REGISTRAR	Hatters Nummer Hag Md
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

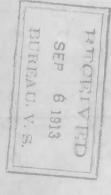
²FU	LL NAME al	hert &	anger
PERSO	NAL AND STATIST	CAL PARTICULA	RS
Mali	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Wol	rigle
DATE OF BIRT	н		
	Sec (Month)	/ Y	, 19/2, (Year)
AGE	— yrs. — Y	mos 2 % ds.	f day,hrs.
OCCUPATION  (a) Trade, protession particular kind of w  (b) General nature business, or estab which employed (or	orkot industry,		
BIRTHPLACE (State or cou	0011	V	
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D 11 BIRTHPL OF FATI	r country)	ld	
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13 BIRTHPL OF MOTI (State o	ACE J. HER r country)	And	
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5 Filed 8/11	,193 8	uny do	WZS REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

pneumonia"); fever (the only definite synouym is "Epidemic ceretime and causatiou), using always the same accepted causing death (the primary affection with respect to Icsis of lungs, meninges, peritonaeum, etc., "Croup";) prospinal term for the same disease. ("Pneumonia." unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE meniugitis"); Diphtheria Typhoid Lobar pneumonia; Bronchopneumonia fever (never report "Typhoid Examples: Cerebrospinal (avoid use of Carcin-

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origiu; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection ueed not be stated unless important. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

No. ó -

5V4.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County VI Way Was	Registration Dist. No. 3 19
111 4 3/ 600	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mala Holoror RACE SINGLE, MARRIED, SULLY CONDUCTOR (Write the word)	(Month) (Day) (Year)
S DATE OF BIRTH  (Month) (Day) (Year)	17   HEREBY CERTIFY, That   attended deceased from 7/26, 1913, to 8/23, 1913, that   last saw h 444, alive on 8/23, 1913
AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at # P m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	(Duration) yrs. mos. ds.  Contributory /20 // C. F. C. (Secondary)
10 NAME OF FATHER Blaim Sellinger  11 BIRTHPLACE OF FATHER (State or country) Mary land	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Address) Need Active of Sunday Sunda	19 PLACE OF BURIAL OR REMOVAL  Agestous  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age been changed or given up on account of the DISEASE minc, etc. (a) Spinner, essary to know Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerrebal scotichaeetc., when a definite disease can be ascertained as the inus," "Old Age." "Shock." "Traemla," "Weakness," "Collapse." "Coma," "Convultions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio--Heart fallure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Examples:



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PLACE OF DEATH County (Cashington 11421	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 2
Village or City Hagerstown (No. Wash	Oriocoll. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED Cuight (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
TAGE  Wonth)  (Month)  (Day  (Year)  TAGE  It LESS than 1 day,hrs.  ORmin.?	that I last say h the alive on Courage 10 1913 and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Ouration) yrs mos ds.  Contributory arr bral - Yabdonund armor Secondary
10 NAME OF FATHER James Oriscoll  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Duration) yrs mos (Signed) (No Property of the the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Staget  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  Sullivan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORMES OR RECEIPT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORMES OR RECEIPT In the of death
(Address) From D. Sthu. S. Cavalry  15 Filed 7/12, 193 Recury Dawis  REGISTRAR  If more blanks are needed, address State Registers	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  20 UNDERTAKER  ADDRESS  trar, 6 E. Franklin St., Balto., Requesting V. S./Xo. 1.
The state hegis	Tul.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. should be taken to report specifically the occupations minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when ueeded. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—It respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomeuclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "PUERPERAL septichae-State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 6 1913 BUREAG, V. S.

### RECORD PERMANENT UNFADING INK-THIS IS may be PLAINLY, WITH

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very DEATH in plain B.-Every item CAUSE OF Important.

11422 PLACE OF DEATH County Washington

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Hagerstown (No.609 George St.

.....St.;....Ward)

Ilf death occurred in a hospital or institution, give Its NAME Instead of street and number.

Carlos Edward Dunami

	2F	ULL NAME	OB BUWELL	IAMIIGH	UEII
PERSONAL AND STATISTICAL PARTICULARS			AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	x	*COLOR OR RACE	5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the WORD)	a Care	16 DATE OF DEATH  (Month) (Day (Year)
	TE OF BI			TUBTE	17 I HEREBY CERTIFY. I attended deceased from
March 28 ,1913 (Month) (Day (Year)				that I last saw him alive on Cling (5) 1913	
7 A G		• • • • yrs4	70 t	It LESS than day,hrs.	and that death occurred on the date states above, at 1.3 00 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work None				*****************	Gash Ealinho
(b) General nature of Industry, business, or establishment in • • • • which employed (or employer)				200000000000000000000000000000000000000	(Duration) yrs mos ds.
State or country) Hagerstown Md			wn Md	Secondary Secondary Muration yrs mos O ds.	
	10 NAME FATH	Edward S.			(Signed) M. D. M. D.
PARENTS	OF FA (Stat	ATHER e or country) Hage	rstown Md.		*State the Disease Causing Death or, in deaths from Violent Cuses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
AR	12 MAIDE	IN NAME			
4	13 BIRTH OF Me (Stat	PLACE	Griffith a.		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			T OF MY KNOWLE	DGE	Where was disease contracted,  If not at place of death?
(Interment) Ed. Selin alongh 609 (Address 2019s. S. Hagses towned) 16 Filed 877-1913 There Said				4	Former or usual residence.
				nend	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
				acris	Rose Hill Hagerstown Nd. August 191
	REGISTRAR				S.Keller Lowman Hagerstown Md.
		If more blanks a	re needed, address	State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dnties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of.... Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Never report For VIO-



PLACE OF DEATH 11423	STATE OF MARYLAND CERTIFICATE OF DEATH
County IV. III C. L. 19 W.	Registration Dist. No. 302
Village or City Hugester (No. 530,	Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
FULL NAME NACILA CULIS	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Whate (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY. That I attended decreased from
6 DATE OF BIRTH  NOV 22, 1866  (Month) (Day) (Year)	much 1917, to My 4 1917, that I attended deceased from 1917, to My 4 1917, that I last saw has alive on My 4 1917.
7 AGE  11 LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General natore of Industry, business, or establishment in which employed (or employer)	Chronee Preforming (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary land	Cardia Eshand (Tration) yrs mos de
11 BIRTHPLACE  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE	(Signed) APJauffer, M. D. Aug 5, 19t 3 (Address) It as a strong man
OFFATHER (State or country) Mary aud C	*State the DISEASE CAUSING DEATH, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Clever OTHE BEST OF MY KNOWLEDGE	it not at place of death?  Former or  usual residence.
(Address) Lagersloue Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 8/5 1913 Houry Davis REGISTRAR	20 UNGERTAKER ADDRESS HOLLING
If more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman, If the occupation bas For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Turremeal scottchaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis neat neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) is less definite; avoid use of "Tumor" for mails The contributory "Old Age," "Shock," "Traemia," "Weakness," "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhanstion," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 6 1913
DURISAU. V. S.

#### PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT EXACTLY. AGE should be s properly classified. 4 UNFADING INK-THIS IS AGE item of information should be carefully supplied. OF DEATH in plain terms, so that it may be in ant. See instructions on back of certificate. WRITE PLAINLY, WITH

CAUSE OF Important. S

N. B.

S. No. 1.

1 PLACE OF	DEATH	1	1	4	2	4
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County Washington



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City	Hagerstown	(No. 422 C	arlton	Ave.
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St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

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3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 16 DATE OF DEATH ALL - 16 -	
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	6 101 3
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yrs. mos ds. OR. Omin.? The CAUSE OF DEATH* was as follows:	
(a) Trade, protession, or particular kind of work	isted
(b) General nature of industry, business, or establishment in	nosds.
9 BIRTHPLACE (State or country) Hager stown Md.	mne de
10 NAME OF FATHER Charles E. Fair (Signed) Many A. Laughlin	, M. D.
11 BIRTHPLACE OF FATHER (State or country) Unionbrige Md.  *State the DISEASE CAUSING DEATH, or, in deaths fr CAUSES, state (1) MEANS OF INJURY; and (2) wheth TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS	om VIOLENT
TAL, SUICIDAL, OF HOMICIDAL.	er Acciden-
OR RECENT RESIDENTS)	TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Charlestown W. VA.  At place of death yrs mos ds. State yrs	mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant) M Addic S. Frank  (Intermant) M	2002 <b>30 23 3</b> 4 4 4 4 4 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	•

[Approved by U. S. Census and American Public Health Association.]

cated thus: statement. who have no occupation whatever, CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second it should be used only when needed. As examples: applies to each and every person, irrespective of age. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation—Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write Nonc. "Foremau,"

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to the and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia; Bronchopneumonia ("Pneumodia," unqualified. Is indefinite): Tuberculessis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," . "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Agc," "Shock," "Uraemia," "Weakpess," ture of the American Mcdical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheula," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial mephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated upless important. is less definite; avoid use of "Tumor" for mallg-The contributory Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustiou," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 6 1913
BUREAU, V. S.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUF
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business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country

12 MAIDEN NAME

13 BIRTHPLACE

14 THE ABOVE IS

OF MOTHER (State or country)

1 PLACE OF DEATH 11425 (No ...

4 COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

AME Harold milto	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIEO, WIDOWED,	16 DATE OF DEATH Annah 2 12 , 1913
OR ON OR CON OR CON OR WORK WORD	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h
yrs	and that death occurred on the date stated above, at
	Suffocation.
stry, it in @r)	(Duration) yrs. mos. ds.
monglound	Secondary (Duration)yrsmos
2 In Fischer	(Signed) C. D. M.
intry) Kintrocky	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Intry Ganada	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  Af place In the of death yrs, mos ds  Where was disease confracted.
UE TO THE BEST OF MY KNOWLEDGE	If not at place of death?  Former or usual residence.
ig Pool, and	Shork over Date of Burial Que 22, 1913
4913. Un Den Arselun REGISTRAR	Frank Bros ger Clouding
If more blanks are needed, address State Regist	trar, 6 E. Icanklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None, been changed or given up ou account of the disease Servant, Cook, Housemuid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the natural heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need uot be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 1918
BUREAU. V. S.

S. No.

N. B.-

		state
		Every Item of information should be carefully supplied. AGE-should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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1 PLACE OF DEATH

11426

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 36

Village or City Hagerstown

Washington

(No. Cor. High & Franklin St; 5" Ward)

[If death occurred in a hospital or institution, give its NAME instead of sfreet and number.]

Floyd. John W

	PER	SONAL AND STATISTIC	AL PARTICULA	MEDICAL CERTIFICATE OF DEATH	
3 SE		*color or RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORDED, (Write the wo	ried	18 DATE OF DEATH Que 18th , 191. (Month) (Day (Year
-	TE OF BI		(W) to the Wo	14)	17 I HEREBY CERTIFY, That I attended deceased fr
- 0,	CIE OF BII	May	15 **	, 1848.	that I last saw he alive on aveg 18th, 191
7 A C	SE	65 yrs. 3	nos3 ds.	if LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) par (b) busi	General natu	sion, or Car Ins	pector&Wa		Tukesculases, (Duration) /6 yrs mos.
9	RTHPLACE (State or o	country) West	Va.		Contributory Suhaces to Secondary (Duration) yrs 2 Mos.
10 NAME OF FATHER Thomas Floyd.  11 BIRTHPLACE OF FATHER (State or country) West Va.  12 MAIDEN NAME OF MOTHER Annie McNamee.			(Signed) CCC Pucas, M Aug 20131 3 (Address) Reacustacin 2		
		*Staye the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OF RECENT RESIDENTS)			
		e or country) West			At place in the of death yrs, mos, ds. State yrs, mos,
	HE ABOVE	Mrs. J.W. F		LEDGE	Where was disease confracted, If not at place of death?  Former or Usual residence
15	(Address	Cor. High	Frankli	n STS	Rose Hill Cemetery Aug. 21", 191
FII	ed 0/2	20 ,1903 Hes	uny Da	REGISTRAR	C: M. Suter & Son Hagerstown, 1

[Approved by U. S. Census and American Public Health Association.]

. CAUSING DEATH, state occupation at beginning of illcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucesis of lungs, meninges, peritonacum, etc., Carcin-

mns," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallginjnry, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), Measles (disease cansing death), 29 ds.; (Recommendations on statement of "Dropsy," .. (name origin; "Can-"Exhanstion," For Vio-



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PHYSICIANS

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No lif death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE WARRIED. WIDOWED. (Write the word) Y. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) it LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day, .....hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE FNT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. PAR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death ...... yrs. ..... mos. ....... us State Where was disease contracted. it not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are heeded, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

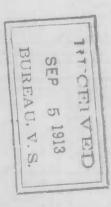
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[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the dibease causing death—in any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage. as "Purrperal scptichaecause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Traemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 de.: nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_ Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head of Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



PLACE OF DEATH  County Hashington  Village or City Hagerstown (No. 1)  2FULL NAME  2FULL NAME	STATE OF MAI CERTIFICATE OF Registration Dis	t. No
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)  6 DATE OF BIRTH  2 973	MEDICAL CERTIFICATE O  16 DATE OF DEATH  (Month)  17  I HEREBY CERTIFY, That  (Lug 30 , 1913, to Care	30 ,191.3 (Day (Year)
(Month) (Day (Year)  7 AGE  If LESS than t day, hrs. or mos. ds. or min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated.  The CAUSE OF DEATH* was as follows:  (Buration)  Contributory	above, at 9. P. m.  alus  yrs. mos. ds.
(State or country) Washington Cos. Md.  10 NAME OF FATHER OSEPH Ford  11 BIRTHPLACE OF FATHER (State or country) Fishles Md.  12 MAIDEN NAME OF MOTHER Wangaret Bower  13 BIRTHPLACE OF MOTHER (State or country) Fashington Comments of Mother Managaret Bower  (State or country) Fashington Comments of Mother Managaret Bower  13 BIRTHPLACE OF MOTHER (State or country) Fashington Comments of Mother Managaret Bower  14 BIRTHPLACE OF MOTHER (State or country) Fashington Comments of Mother Managaret Bower  15 BIRTHPLACE OF MOTHER (State or country) Fashington Comments of Mother Managaret Bower  16 BIRTHPLACE OF MOTHER (State or country) Fashington Comments of Mother Mother Managaret Bower  18 BIRTHPLACE OF MOTHER (State or country) Fashington Comments of Mother Mother Managaret Bower  18 BIRTHPLACE OF MOTHER (State or Country) Fashington Comments of Mother Mot	*State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL.  18 RECENT RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)  At place in the	
(Address)	Where was disease contracted, it not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL, 191
Filed,191	Willes fournous	Hausvalam

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

SIGN OF ACN

etc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, oma, Sa mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of rigin; "Can-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAC. V.S.

V. S. No.

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#### RECORD PERMANENT stated EXACTLY. 4 properly classified. UNFADING INK-THIS IS AGE PLAINLY, WITH

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very carefully supplied.

o that it may be p of information should be c DEATH in plain terms, so See instructions on back of CAUSE OF I

Co

1 PLACE OF DEATH

#### STATE OF MARYLAND H

inty Washington	CERTIFICATE OF	DEAT
		1
	Registration Dist.	No.

Hagerstown on Thinkstown Pike Village or City

.....Ward)

[It death occurred lo a hospital or Institution, give Its NAME Instead of street and number.]

Still Born 2FULL NAME

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Conquist 34 , 1913  (Month) (Day (Year)  17   HEREBY GERTIFY, That   attended deceased from
6 DA	August 30 , /1913. (Month) (Day (Year)	and that I last saw h. Lative on Bospa , 1913,
7 AG		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) part	CUPATION Frade, profession, or None Icular kind of work	Hydrocephalus
busir	Generat nature of industry, ess, or establishment in h employed (or employer)	(Duration) yes mos. ds.
9 BII	State or country) Hager stown Md.	Secondary  Ouretion vrs. mos. ds.
	10 NAME OF FATHER Joseph M. Ford 11 BIRTHPLACE	(Signed) (Signed) Seuder, M. D.  Leg 30, 1913 (Address) & Hay Enstown M.
AREN	OF FATHER (State or country) Frederick Md.  12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CASSES, state (1) MEANS OF INJURY; and (2) whether Accidendal, Suicidal, or Homicidal.
<b>C</b>	Margrett V. Bowers  13 BIRTHPLACE OF MOTHER (State or country) Hagerstown Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos, ds
	ntermant) 15 th. 13. Ford	Where was disease contracted, If not at place of death?  Former or Usual residence
16	9/1- 2 Hagerstown Ind	19 PLACE OF BURIAL OR REMOVAL  ROSE Hill Hager stown Sept. 1,1963  20 UNDERTAKER ADDRESS
File	1913 REGISTRAR	S. Keller Lowman Hagerstown Md.

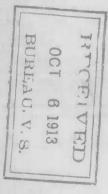
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the bisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: if retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

pneumonia"); "Croup";) time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pncumonia; Bronchopneumonia unqualified, is indefinite): Tubercu-(avoid use of Carcin-

> cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cause. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (secondary or intercurrent) "Dropsy," State cause for "Exhaustion," Never report



#### RECORD PERMANENT INK UNFADING

state PHYSICIANS should of OCCUPATION is classified. proper pe may certificate. 80 0 back Instructions plai 5 DEATH See OF Item Important. Every ite

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St: Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL. STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. widowed, Monda Ordivorced (Write the word) (Day (Year) . That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 2-30 Pm 1 day .....hrs. OR ..... ? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country tate the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death ..... yrs. .... (State or country) \_ ds. State ... Where was disease contracted. If not at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are no ded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The questlon Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemla" (mcrcly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (uame origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For VIO-



N.B.

village or City Hage Name Howard &	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 30 2  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, ORDIVORCED OF HIGHE 6 DATE OF BIRTH	16 DATE OF DEATH  Otonth)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Mar 6 1904 (Month) (Day (Year)	that I last saw h. MM. alive on Que 8 ,1913.
TAGE  9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	and that death occurred on the date stated above, at 2 '0 a'm The GAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country) W.d.	Contributory Secondary  (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MOIDEN NAME OF MOTHER OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs, mos. // ds. State yrs, mos, ds Where was disease contracted, if not at place of death?  Former or
(Intermant) Multin Succession M. (Address) Vileonio, M. M.	USUAI TESIDENCE.  1 DATE OF BURIAL  1913

REGISTRAR

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. N. 1.

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persous CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctess of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephodis, nant neoplasms); Meastes; Whooping cough; Chronic Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds., (Recommendations on statement of Never report For VIO-



#### V. S. No. 1.

RECORD	PHYSICIANS should state to of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 11431 County serving tou Village or City eithersburg (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 308  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male With the words  Bate of Birth  Solventry  Solventr	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That Dattended deceased from 3, 1913, to 3, 1913,
7 AGE (Month) (Day (Year)  1 LESS than 1 day,hrs. 0 Rmln, ?	and that death occurred on the date systed above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry,	Tholera Enfantime
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
OF FATHER (State or country Lettersburg Mdd  12 Maiden Name OF Mother OF Mot	(Signe) (Boration) yrs mos ds.  (Signe) (Address) (Signe) M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidentify, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State of country) Perry W. Jayden	DENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds.  State yrs, mos ds
(Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  OATE OF BURIAL  29 ON DERTAKED  APPRESS 4
REGISTRAR  If nore blanks are needed, address State Regist	ges. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. eated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease, it is a feetion with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculces of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State eause for "Exhaustion," Never report Ex-



village or City Williams from Cons	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30  [It death occurred in a hospital or institution,
*FULL NAME Mary Viola	Hawbaker give its RAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (lug   8 (Year) 191.3
May 10 ,1413 (Month) (Day (Year)	that I last saw het allve on Aug. 18, 191 3.
7 AGE    It LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 10.300,m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Marasmus  (Ouration) yrs 2 mos ds.
9 BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER Adam D. Hawbake.  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAMED OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). Washing Marybaker  (Address) Williamsfort Marybaker	Contributory Secondary  Ouration)  Wiscondary  (Signed)  *State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Our 20, 191.3  ADDRESS  ALLES AND ALLES
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has should he taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may he indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a defiuite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g.; dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

VIIIage or City / State of Sman	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [It death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Scoloror Race Single, MARRIED, Married, ORDIVORCED (Write the word)	DATE OF DEATH August 24 1913  (Month) (Day (Year)  17) I HEREBY CENTIFY, That I attended deceased from
DATE OF BIRTH MUCH 1, 1873 (Month) (Day (Year)	that fast saw h im allve on Aug 24 1913
TAGE  It LESS than 1 day, hrs.  OR. min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Typhodlevr (Buration) 2 yrs mos s.
9 BIRTHPLACE (State or country)	Contributory tassive Conjection of
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
of MOTHER Margaret, Junimers  13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. Stateyrsmosds
(Informant) Peny Yelses  (Address) Millstone MIS  Filed May 24,181 3 Wavid Mills	Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR BEMOVAL PATE OF BURIAL 27, 191  20 UNDERTAKER ADDRESS
REGISTRAR	rar, 6 E. Franklin St., Ballof Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. gcuital," "Senile," etc.), "Dropsy," "Exhaustion, Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

SEP 5 1913
BUREAU. V. S.

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PLACE OF DEATH

County Hashington Md 1143  Village or City Miliamsport (No. S	CERTIFICATE OF DEATH  Registered No. 3. 0  [If death occurred in a hospital or institution give its NAME instead
2: FULL NAME Sarah & Herber	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married ORDIVORCED (Write the word)	(Month) (May) (Year)
6 DATE OF BIRTH  San - 24, 1839  (Month) (Day) (Year)	May 15, 1913, to aug. 8, 1913 that I last saw her alive on aug 8, 1913
74 yrs. 6 mos. 14 ds. 0R min.?	and that desth occurred on the date stated above, at 10.30 Fm  The CAUSE OF DEATH* was as sollows:  Carcinonia
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory 6 x haustin - Starration
*BIRTHPLACE (State or country) Williamsport Md	(Secondary)  (Doration) yrs. mos. 10 ds  (Signed) 11. 11. 11. 11. 11. 11. 11. 11. 11. 11
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Harrington (0), Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At piace In the ot death yrs mos ds. State yrs mos ds. It not at place of death?
(Intermant) Million Herrers (Address) Winsport Md	Former or nsual residence
FHOO aug. 10 1913 C. E. Rickard REGISTRAR	Miliamsport Md due 11 71, 1913  20 UNDERTAKER  J. M. Willer My Sport Mod
If more blanks are needed, address State Registre	ar, & E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deafer," etc., without more precise specistatement. It should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples For persons

Statement of cause of death—Name, first, the disease causing disart (the primary affection with respect to time aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "('roup''); Typhoid fever (never report "Typhold meumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carein-

such, if impossible to determine definitely. childbirth or miscarriage, as "P.UERPERAL septichaenant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis injury, as fracture of skull, and consequences (e. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma. Sarcoma. etc., of "Contributory." by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. of the American Medical Association.) is less definite; avoid use of "Tumor" for mall: The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of "Dropsy," (name origin; "Can. death), 29 de.; State cause for "Exhaustion," Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 6 1913. .

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#### 3 SEX 7 AGE BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... <sup>9</sup> BIRTHPLACE (State or country) 10 NAME OF S 11 SIRTHPLACE ENT AR 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER (State or country 14 THE ABOVE IS TRUE TO

FATHER

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1 PLACE OF DEATH hinoton 11435 <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVERCEO (Write the word) 6 DATE OF BIRTH (Month) (Day)

.....mos.

It LESS than

If more blanks are needed address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

1 day,2 hrs. OR ..... 7

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.3.

[It death occurred in a hospital or institution give its NAME instead of street and number.]
or street and namper.

Hollmaster	give Its NAME Instead of street and number.] 
MEDICAL CERTIFICATE OF	F DEATH
16 DATE OF DEATH (Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I	
any 1, 1913, to an	
that I last saw ham alive on Cong	FO 4, 1913
and that death occurred on the date stated	above, at 1.304m.
The CAUSE OF DEATH* was as follows:	. ,
injentes deh	lelo
(Quration)	yrs mos ds.
	Ji 3 IIIU 5 US.
(Secondary)	•
(Duration)	yrsds.
(Signed) <u> </u>	must. M.D.
() 10 (O)	1 . 1 1
(Address) Ptrain	
*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	In deaths from VIOLENT d (2) whether Acciden.
18 LENGTH OF RESIDENCE (FOR HOSPITALS.	INSTITUTIONS, TRANSIENTS,
At place in the	
	yrs mos ds
Where was disease contracted,	100000000000000000000000000000000000000
Former or	
usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
sampler/Man	on aug // 1913
20 UNDERTAKER	ADDRESS Theat
Com Monther	Cohrus Va

No. σġ

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industy; and therefore an Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head "Taemia," "Weakness," (name origin; "Candeath), 29 ds. Examples:



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	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is mportant. See instructions on back of certificate.
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred in ....Ward) a hospital or Institution, give its NAME instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SFX COLOR OR RACE SINGLE. 16 DATE OF DEATH MARRIED widowed, While or of the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) ..... 10 NAME OF FATHER (Signed PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ ds Where was disease contracted, 14 THE ABOVE IS TRU NOWLEDGE if not at place of death?. Former or usual residence REMOVAL DATE OF BURIAL 15 20 ONDERTAKEN ADDRESS REGISTRAR If more blanks are needed address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

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STATE OF MARYLAND 1 PLACE OF DEATH 11437 CERTIFICATE OF DEATH Registration Dist. No lif death occurred in St: Ward) a hospital or Institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Market (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH , 1913 to aux. that I last saw h un allve on aug. 26", 191 J (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at lucin 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or / particular kind of work (b) General nature of Industry, business, or establishment in (Duration) \_\_\_\_\_yrs.\_\_\_\_mos.... which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER 11 BIRTHPLACE ., 191 J. (Address) Dharfest ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. .... mos. .... \_\_ ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

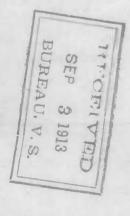
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be cutered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necupplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping eough; Chronie mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," State cause for Never report



UNFADING INK-THIS IS A PERMANENT

earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

-Every item of information should be esrefully su CAUSE OF DEATH in plain terms, so that it milmportant. See instructions on back of certificate.

Filed.

RECORD

N. B.

Village or City Pear Authority (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 0 0  St.; Ward)  [If death occurred lo a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Mouth) (Day (Year)  1 LESS than 1 day,hrs.	that I last saw h
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:  Check Public Communication  (Duration) yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Doration) yrs mos ds.
FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds
(Intermant) Lus Laure (Address)	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15 Ciled 101	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an applies to each and every person, irrespective of ago additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

#### NOV 6 1918

mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) CONTRACTOR SOUTH (S) DESIGNATION (S) archureau.V.S. (ph Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for mor" for maligne origin; "Can-



V. S. No. 1.

ECORD	YSICIANS should state occupation is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ounty Washington 11439					STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 2		
Vill		y Hagerstown			roadway St; 4" w		
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3 SE	ale	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write think TO 10 d.		16 DATE OF DEATH  (Month)	, 37 , 191.3 (Day (Year)	
-	DATE OF BIRTH			drd) T O d .	17 I HEREBY CERTIFY, That I attended deceased from		
	October 23" , 835.						
-		(Month) (Day (Year)		and that death occurred on the date stated above, at 1/4 Pm			
7 AC	GE .	If LESS than 1 day,hrs.					
	,	77 yrs 10	mos4 ds.	ORmin. ?	The CAUSE OF DEATH* was as follow		
(a) Trade, profession, or Retired Dentist.					Henry Chronic Saprietes		
(b) General nature of industry, business, or establishment in 11 11 11 11 11 11 11 11 11 11 11 11 11					Contributory Saules, general only secondary  Expansion (Duration) yrs mos ds		
9 BIRTHPLACE (State or country) Maryland.							
	10 NAME OF FATHER Daniel Keedy.				*State the DISEASE CAUSING DEATH, OR, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT, RESIDENTS)		
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland.						
PAR	12 MAIDEN NAME OF MOTHER Sophia Miller						
	13 BIRTHPLACE OF MOTHER (State or country) Maryland.				At place In ot death yrs, mos ds. S	the tate yrs, mos de	
		Mrs. R. M.		VLEDGE	Where was disease contracted, It not at place of death?  Former or usual residence.		
	(Address)	# 28 Broadw	ay	******************	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
16 0/2 1 0 1				, ,	Sharpsburg, Md.	Aug. 30", 191.3	
FII	ed 7/2	9 ,191 3	uny D	aves	20 UNDERTAKER	ADDRESS	
				REGISTRAR	C. M. Suter & Son	Hagerstown, M	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Hagerstown, Md.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

lesis of lungs, meninges, peritonacum, etc., ("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal meningitis"); Diphtheria fever (the only definite syuonym is term for the same disease. Examples: Cerebrospinul time and causatiou), using always the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid (avoid use "Epidemic cere-

> mia," "Puerperal peritonitis," etc. State cause for valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caucause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) The contributory (secondary or intercurrent) tctanus) may be stated under the head Aiways qualify all dlseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of The nature of the "Exhaustiou," Never report



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT 2 UNFADING INK-THIS WRITE PLAINLY, WITH Important. N. B.

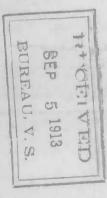
County Leasting line 11440	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 205
Village or City Books boro (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Prace Lelile Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WITHOUSED (Write the word)	16 DATE OF DEATH  (Modth)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
Month (Day) (Year)	that I last saw h a alive on a 1913
7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work	atrlectarie
(b) General nature of industry, business, or establishment in which employed (or employer)	Gontributory (Duration) yrs. mos. 2 ds.
(State or country) many laced	(Secondary)  (Duration) yrs
10 NAME OF FATHER David L. Jaline 11 BIRTHPLACE	(Signed) Ce. Ce. Ce Ce., N. D. Queg/4, 1913 (Addross) Beauco Coroll
Z OF FATHER (State or country) Many Care C	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Dairy K. Colegander	18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TO THE
13 BIRTHPLACE OF MOTHER (State or country) Micry level Ch	At place In the ot death yrs mos ds. State yrs mos ds
(Informant) School L. 79 E.	It not at place of death?  Former or usual residence
(Address) Devoces Con Ma.	Donaboro Cemeler any 2 1918
File Mig 2, 1913 Dea M. Stooss AD	20 UNDERTAKER ADDRESS AUCHESS ADDRESS AUCHESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry; and therefore an cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative dealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (e)

Statement of cause of death—Name, first, the dibease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock." "Traemia," "Weakness," such, if impossible to determine definitely. which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursereal scotichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for mails The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 ds. State cause for Examples: 01



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Washington Village or City Hagers

1 PLACE OF DEATH

11441

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

town (No. 900 Surmit Ave	St.; Ward)
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[If death occurred in a hospital or institution, give its NAME instead ot street and number.]

FULL NAME Glenn Edward Koogle

	PER	SONAL AND STATISTIC	CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale	4 COLOR OR RACE	5 SINGLE, MARRIEO, WIDOWEO, ORDIVORCEO (Write the W	Single	18 DATE OF DEATH. Question 19 (Month) (Day (Year)
6 DA	TE OF BIF	April (Month)	14	1913 (Year)	that I last saw have allve on UNE 9, 1913, and that death occurred on the date stated above, at 5/5/m.
(a) par (b) busi	Trade, profess ticular kind of General natur ness, or est	sion, or None	mos 5 ds.	1 day,hrs. <u>OR</u> mln.?	The CAUSE OF DEATH* was as follows:
9 BI	10 NAME FATHI 11 BIRTH OF FA (State	ountry) Hagerst  OF ER Edward L  PLACE THER OF COUNTRY) Myers N NAME	Koogle	•	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Address)  (State the Disease Causing Death, oy, in deaths from Violent Auses, state (1) Means of Injury; and (2) whether Accidental, or Homicidal.
14 T	13 BIRTH	PLACE THER or country) Pleas	I Betts ant Walk TOF MY KNOW		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.
15	8%	Summis av	gmy,	All STOWN	19 PLACE OF BURIAL OR REMOVAL  Rose Hill Hagerstown Md. Aug. 21. 131.  20 UNDERTAKER  S. Keller Lownian Hagerstown Md.  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The

pneumonia"); ("Pncumonia," "Croup";) prospinal fever (the only definite synouym is "Epidemic ceretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., for the same disease. Examples: Cerebrospinal menlngitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia unqualified, ls Indefinite): Tubercu-(avold use Carcin-

> "Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cunture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e.g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cause. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," affection need not be stated unless important. Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

county Varington 11442	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Tesukstorm (No.	Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Filale White (Write the word)	18 DATE OF DEATH (Mg. 20, 197) (Morth) (Day (Year)
6 DATE OF BIRTH MONTH 22, 1855 (Month) (Day (Year)	that I rast saw h. Less. alive on
TAGE  If LESS than 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Jyrs mos Rd ds.
*BIRTHPLACE (State or country)	Sylvandery probably acute (Ogration) yrs mos 3 ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OTHER  OF MOTHER  OTHER  OTHE	(Signed) (Address) Truckstory MA  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
(Informant) Cloth Shilling (Address) Finks from Ma	If not at place of death?  Former or .  usual residence.  19 PLACE OF BUBIAL OR/REMOVAL DATE OF BURIAL
15 Filed Lug2/, 191 3 M. J. Miller REGISTRAR	Tunkstown Aug 22, 1913 20 UNDERTAKER Helf ADDRESS 6 A
	rap & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Roreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 4 1918
BUREAU, V. S.

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DUILEAU, V. S.

PLACE OF DEATH 11443	STATE OF MARYLAND
County I Vashington	CERTIFICATE OF DEATH
County	Registration Dist. No. 300
Village or City Lear Sharfsshing (No.	St.; Ward)  [If death occurred in a hospital or institution give its NAME instead
FULL NAME Colora J.	and of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale While Wisoweth, Married Orgivorgeth (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fro
(Month) (Day (Year)  AGE If LESS than	that I fast saw he alive on ling, 9 while 191
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or	Compos Vourleit;
particular kind of work. On Sexual (b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. Z
9 BIRTHPLACE (State or country) Marieland	Contributory
10 NAME OF FATHER	(Signed) 2 · 9u, Zurvtt M
of 11 BIRTHPLACE	any 10 ,1913 (Address) Thurstony by
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden NAME OF MOTHER	State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the
(State or country)	of death yrs mos ds. State yrs mos
(Interment) Charles 6. Long.	If not at place of death?  Former or usual residence.
(Address) Jugan Sesburg, mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 8/11/ 191 3 Chas. N. Hoffmaster	20 UNDERTAKER ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 4.

11443

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of agc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Preeise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." sepsis, tetanus) such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," ete. childbirth or miscarriage as "Puerperal septichacetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e.g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabiy Bronchopneumonia (secondary), 10 ds. The eontributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of State eause for Never report



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in a hospital or Institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH (Month) (Day) (Year) it LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day, ....hrs. The CAUSE OF DEATH \* was as follows: min. ? ummer complex BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. 14THE ABOVE IS TRUE THE BEST OF KNOWLEDGE it not at place of death? Former or (Intermant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative leaithful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," "Foreman." Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosts, of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Tuerperal septiehaegenital," ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nent neoplasms); Measles; Whooping cough; Chroniu oma. Sarcoma. etc., of Accidental drowning; Struck by railway trainmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can Examples:



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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. 4 U × proper INX pe UNFADING may carefully that It certifical 80 of terms, n back plain Instructions = EATH of DE OF Item Important. CAUSE

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Day ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day. hrs. OR ..... nin. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death ..... yrs. ..... mos. .... \_ ds. State .... Where was disease contracted. BEST OF MY KNOWLEDGE It not at place of death? Former or (Informant) usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) .-15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are seeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise speci-CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborerstatement. additional live is provided for the latter statement: applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first live will be sufficient, e. g., Farmer or Planter, ness of various pursnits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic Gerebrospinal meningitis"); Diphtheria (avoid disease) brospinal meningitis"); Diphtheria (avoid disease) of "Croup"; Typhoid fever—(never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant ueoplasms); Measles; Whooping cough; Chronie mia," "PUERPERAL peritonitis," etc. ample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was nudertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitiou," "Marhs geuital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," nuere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uracmia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00T 6 1913 BUREAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See preferred to be the constitution of both of constitutions. PERMANENT RECORD BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

PLACE OF DEATH 11446	STATE OF MARYLAND CERTIFICATE OF DEATH
County Mashington	Registration Dist. No. 30%
Village or City Hagersten (No. 5 6,0) 2FULL NAME Gladys /	Solem Ou st.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, DRDIVDRCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17.2  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day  (Year)	July 28, 1913, to aug 8, 1915 that I last saw h. 2 alive on aug 8, 1915
9 yrs 6 mos 26 ds OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION  (a) Trade, profession, or particular kind of work	Corelra Spring Puringelis  (Duration) yrs. mos. 11
9 BIRTHPLACE (State or country)	Contributory Secondary (Buration) yrs mos
10 NAME OF FATHER Malter R. Miller  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER	(Signed) (Signed), M.  Aug 10, 191 3 (Address) Hagers own M.  *State the DISEASE CAUSING DEATH, ov. in deaths from Viol. CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. mos
(Informant) Halte 16. Miller	If not at place of death?  Former or  usual residence
16 Filed 1913 Herry Saves	Rose Will 1/1/ 1915 20 UNDERTAKER ADDRESS Md,
REGISTRAR	Wathin V Munich Hog , Mu gistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.) For persous should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Scrvant, Cook, Housemaid, ctc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very Important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclaample: Measles (disease causing death), 29 ds.; ralvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which sprgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Coutributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



1		N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	d be
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V. S. No. 1.	WR	Every Item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.
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	Washington	Registration Dist. No. 302
	City Hagerstown (No.248 Fre	ederiuk St.; 3 Ward)  [It death occurred a hospital or institution give its NAME instead of street and number.]
	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex Male	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVDROCED WORLD ied	16 DATE OF DEATH Chagus 191 (Month) (Day (Year
DATE OF E		17 I HEREBY CERTIFY, That I attended deceased for the state of the sta
	January 19 , 1911	that I last saw h ley alive on Que 9 ,191
AGE	(Month) (Day (Year)  It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 30%. The CAUSE OF DEATH* was as follows:
	84 yrs 6 mos 22 ds. OR min.?	THE GROUP OF PERMIT WAS AS INTOWNS.
(a) Trade, pro particular kind		Cirtui Solerosio
business, or	ature of industry, establishment in document of the company of the	(Duration) / yrs mos
		Contributory Esself Chaugette 9
BIRTHPLA (State o	Allegahner Da.	(Burnetter)
10 NAM	Alleganney Pa.	(Signed) / A Compared , 1
10 NAM	Allegahney Pa.  ME OF THER James Miller  THPLACE FATHER	(Signed) / A Co ptref, 1 Quy //, 191 9 (Address) Hargers Town 9)
11 BIR OF (St	Alleganney Pa.  Me of THER James Miller  THPLACE FATHER (after or country) Germany  DEN NAME	(Signed) (Si
11 BIR OF (St	Alleganney Pa.  Me of THER James Miller  THPLACE FATHER THE	(Signed)
10 NAM FAT  11 BIR OF (St  12 MAI OF OF (St	Alleganney Pa.  ME OF THER James Miller  THPLACE FATHER (ate or country) Germany  DEN NAME MOTHER DOI NOT know  THPLACE MOTHER (ate or country)	(Signed)
10 NAM FAT  11 BIR OF (St  12 MAI OF OF (St	Alleganney Pa.  ME OF THER  James Miller  THPLACE FATHER DOI not know  THPLACE MOTHER  DOI not know  THPLACE MOTHER MOTHER  DOI THE BEST OF MY KNOWLEDGE  DOI NOT STANKE TO THE BEST OF MY KNOWLEDGE	(Signed)
11 BIR OF (St 12 MAI OF (St THE ABO	Alleganney Pa.  ME OF THER  James Miller  THPLACE FATHER DOI not know  THPLACE MOTHER  DOI not know  THPLACE MOTHER MOTHER  DOI THE BEST OF MY KNOWLEDGE  DOI NOT STANKE TO THE BEST OF MY KNOWLEDGE	(Signed)

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Jousekeepers "Mauager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Colton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indiworked on may form part of the second Women at home, who are entaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foremau," The

pneumonia"); "Croup";) fever (the only definite syuonym is "Epidemic ceretime and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumoula," Statement of cause of death-Name, first, the disease of lungs, meninges, peritonaeum, etc., for the same disease. Examples: Cercbrospinal meningitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopncumonia unqualified, is indefinite): (avoid use Tubercu-Carcin-

> mus," ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla. "Coutributory." injury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonilis," etc. childbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Connant ueoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Cauby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inauition," "Maras theuia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. ratvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," lelanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustlon," Never report For vio-



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	1 PLACE OF DEATH	STATE OF MARYLAND
	Markington 11448	CERTIFICATE OF DEATH
Co	unty which was a second	Registration Dist. No. 302
		1
Vill	lage or City Ha gerston (No.	Tose foll live St; Ward) [If death occurred in a hospital or institution,
		Minnuch give its NAME instead
	FULL NAME Immanuel Chil	of Olger H. Allemelle
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
1	amale White Wildwed, ORDIVORGED (Write the word)	(Month) (Day (Year)
-		17 I HEREBY CERTIFY, That I attended deceased from
4 D	ATE OF BIRTH	8/4, 1913, to 8/49, 1913
	(Month) (Day (Year)	that I last saw h alive on 8/4 ,1913
7 A		and that death occurred on the date stated above, at
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
		Conquitul Keart Disease
	CCUPATION Trade, profession, er	P. Alas Zames Dad
-	rticular kind of work	
	General nature of Industry, iness, or establishment in	(Duration) yrs. mos. / ds
_	ch employed (or employer)	
B	RTHPLACE (State or country)	Secondary (Buratian) was to
	10 NAME OF Edges H. Meinniel	(Signed) / The butter , M. D.
TS	11 BIRTHPLACE	8.4., 191.3. (Address)
ARENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
PAR	12 MAIDEN NAME STATES TILLIAM	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,  If not at place of death?
	(Informant) Edga H. Minniel	Former or
	1100 -	usual residence.
-	(Address). Etagers from	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
16	8/4 2/2/201	20 UNDERTAKER ADDRESS
Fil	ed T 1913 PEGISTRAR P	20 UNDERTAKER ADDRESS
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	as more small are needed, address state negts	of Mille

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, perilonaeum, etc., Carcin-

canse. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asthre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," ctc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head State cause for Never report



V. S. No. 1.

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	PLACE OF DEATH 11449	STATE OF MARYLAND
	Manhington	CERTIFICATE OF DEATH
Co	unty	Registration Dist. No. 3 0 3
3711	Magor Wilamas &	tas Dia #123 If death occurred in
VIII	lage or City Sulver No. 18 2	a hospital or institution, give its NAME instead
	FULL NAME Grancis Wing	ima Mousen of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	enale hite 5 single, Wirdenale Wirder the word)	16 DATE OF DEATH Aug. 191
8 D	ATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	June 16, 913	July 29, 1913, to July 30, 1913.
7	(Month) (Day (Year)	that I last saw h A allve on 1913
TAG	if LESS than 1 dayhrs.	and that death occurred on the date stated above, at 2
-	yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION ) Trade, profession, or	4
pai	rticular kind of work.	Tuanition
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. 30 ds.
9 81	RTHPLACE (State or country) Manyland	Secondary  (Boration) yrs mos ds
	10 NAME OF Melchoir 6. Morrew	(Signed) Theo Boose, M. D.
ARENTS	11 BIRTHPLACE OF FATHER	aug. 11, 1913 (Address) W port Md.
REI	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER Mary Nell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the
14 -	(State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
	Colone Marine 1	If not at place of death?
	(Informant)	usual residence
	(Address) & Learnhand VMA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 6	es aug // 1913 David & Miller REGISTRAR	20 UNDERTAKER TO ADDRESS
		trar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.
		1000

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the misease Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Coutributory." lujury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tctanus) (Recommendations on statement of may be stated under the head Never report



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 FOR UNFADING INK-THIS RESERVED WITH MARGIN WRITE PLAINLY,

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VIIIage or Gity Magansloww (No. 43, U	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the WOYD)  6 DATE OF BIRTH	(Month) (Day (Year)
(Month) (Day (Year)	that I last year film allve on allve on 1913
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 2, 5 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Contributory (Ouration) yrs. mos. 3 ds.
10 NAME OF SAUCE MULLOON  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MULLOON  12 MAIDEN NAME OF MOTHER MULLOON  14 MAIDEN NAME OF MOTHER MULLOON  15 MAIDEN NAME OF MOTHER MULLOON  16 MAIDEN NAME OF MOTHER MULLOON  17 MAIDEN NAME OF MOTHER MULLOON  18 MAIDEN NAME OF MOTHER MULLOON  18 MAIDEN NAME OF MOTHER MULLOON  19 MAIDEN NAME OF MOTHER MULLOON  10 MAIDEN NAME OF MOTHER MULLOON  11 MAIDEN NAME OF MOTHER MULLOON  12 MAIDEN NAME OF MOTHER MULLOON  12 MAIDEN NAME OF MOTHER MULLOON  13 MAIDEN NAME OF MOTHER MULLOON  14 MAIDEN NAME OF MOTHER MULLOON  15 MAIDEN NAME OF MOTHER MULLOON  16 MAIDEN NAME OF MOTHER MULLOON  17 MAIDEN NAME OF MOTHER MULLOON  18 MAIDEN NAME OF MULLOON  18	(Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuly, and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  LEWENTENE MARKET	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) 43 W. Anarollin St.  Filed 8/3: 1913 Phony Saves Registran  If more banks are needed, address State Regist	19 BLACE OF BURIAL OB REMOVAL DATE OF BURIAL  LOCK Scill Connectory & #, 191.3.  20 UNDERTAKER ADDRESS  Para, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if Impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inaultlon," "Maras-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of The nature of the "Exhaustiou," Never report For vio-



OCCUPATION IA pinous PHYSICIANS (No..... RECORD \* FULL NAME 0 PERSONAL AND STATISTICAL PARTICULARS PERMANENT 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OROIVORCED Write the word) 6 DATE OF BIRTH classified. (Year) (Month) (Day) 7 AGE If LESS than O 1 day,....hrs. THIS OR ..... mlp. ? properly BOCCUPATION (a) Frade, prefession, nr AG particular kind of work (b) General nature of industry, supplied pe business, or establishment in ADING may which employed (or employer) -----Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF (Signed) FATHER MARGIN 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) pino 12 MAIDEN NAME plain OF MOTHER instructions OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER = At place (State or country T of info DEATI See ins NRITE If not at place of death?. Former or Item usual residence. Every Item CAUSE OF Important. 15 20 UNDERTAKER REGISTRAR

11451

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

fif death occurred in .....Ward) a hospital or institution, give its NAME instead of street and number. 7

MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: astr (Duration) (Address) / 6.6.64 \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

In the of death \_\_\_\_\_ yrs, \_\_\_ mos. \_\_\_ ds. State ...... yrs, \_\_\_\_ mos. ..... ds. Where was disease contracted.

19 PLACE	OF BUR	IAL OR	REMOVAL
1 0/	. //	1 1	10

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as ness. should be taken to report specifically the occupations applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulminc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Heart failure," "Haemorrhage," "Inanition," "Maras affection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B .- Every item of information should be carefully supplied. AGE should be stated EXACTLY, BINDING MARGIN RESERVED FOR T. S. No. 1.

County Washington 11452	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Hagerstown (No. 1316 2 FULL NAME Sarah M. Or	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF CHEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIEO, WIDOWED, ORDIVERCED (Write the word)  6 DATE OF BIRTH  (Month)  (Day) (Year)	16 DATE OF DEATH Queg 20 , 1913 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended decreased from 15 , 1913 to Queg 20 4 , 1913.  that I last saw here alive on Queg 19 , 1913
TAGE  Soccupation  (Stortin)  (Bay)  (Tear)  (	and that death occurred on the date stated above, at 3 A. m.  The CAUSE OF DEATH* was as follows:  Mitril Heart Disease
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Mary Land.	(Duration) 2 yrs. mos. ds.  Contributory feute Albrug, we will be (Secondary)  (Diration) yrs. 2 mos. ds.
11 BIRTHPLACE OF FATHER  State or country)  12 MAIDEN NAME	(Signed) A. C. Address) Hages torus M. D.  Caug 20 1913. (Address) Hages torus Med  *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, or HOMICIDAL.
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place   Id the   ot death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Informant) Auburt Thulles	It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed 8/25 1913 Henry Savis	Mose Hell Que 31, 1913.  20 UNDERTAKER ADDRESS  Mash & 386, Wash &
If more hlanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen-changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (g)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: For VIO-



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RECORD	PHYSICIANS should of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is y Important. See instructions on back of certificate.

ate ary

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, 21 WIDOWED! (Month) ORDIVORCED (Write the word) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day. hrs. The CAUSE OF DEATH\* was as follows: marasumo BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. .... mos. ... State ...... yrs, \_\_\_\_ mos. ..... ds. 14 THE ABOVE IS TRUE TO THE Where was disease contracted. KNOWLEDGE If not at place of death?... Former or usual residence 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. "Exvalvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for



No. 20

8 ż

PHYSICIANS should state of OCCUPATION is very PHYSICIANS RECORD properly classifled. Exact statement PERMANENT stated EXACTLY. should be UNFADING INK-THIS AGE carefully supplied. pe may WRITE PLAINLY, WITH See instructions on back plain of information DEATH in plain Every item CAUSE OF Important. 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 307)

[if death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, single  Married, widowed,  ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)
8 DATE OF BIRTH  Oct 15 , 1912  (Month) (Day) (Year)	that I last saw h
7 AGE If LESS than t day,hrs. OR min.?	and that death occurred on the date stated above, at 10:45 a.m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Drukitikiin Litritis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Duration) yrs mos ds
on 11 BIRTHPLACE	(Signed) / 24 Duiller / , M. D
OFFATHER (State or country) Maryland  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Sella May Tabler  13 BIRTHPLACE OF MOTHER (State or COUNTRY) West Virginia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INformant). Charles & O almue	Where was disoase contracted, If not at place of death?  Former or usual residence
(Address) Hagerstown, Mid,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 8/7 1913 Herry Davis	Rose Hill Hazerstoure, 8/7, 1913.
REGISTRAN  If more blanks are needed, address State Regis trar, 6	the Coffman Hagerstown on

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrereal septichae. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), thonia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can-Examples:



PLAGE OF DEATH	STATE OF MARYLAND
County Washinglan	CERTIFICATE OF DEATH
11'	Registered No.
Village or City Hasessem (No	St; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mark. Mili Single, Married, Wilder Word)  8 DATE OF BIRTH  Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)  5 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  My  (1913), to (1913),
(Month) (Day) (Year)  7 AGE    If LESS than   1 day,	and that death occurred on the date stated above, at 2,300m, The CAUSE OF DEATH* was as follows:
COCCUPATION  (a) Trado, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant, Address)  REGISTRAR	(Signed)  (Address)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Andress)  (Andres
11 more blanks are needed, address State Registra	r, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmine, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonacum, etc.. Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," childbirth or miscarriage, as "PUERPERAL septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile." etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Never report Examples: For VIO-



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sta	Ve		
. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ye		
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3 SEX

7 AGE

ARENTS

15

male

6 DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or

particular kind of work (b) General nature of Industry.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).

OF FATHER (State or country)

business, or establishment in

0 >

11456 1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Mrs. T. J. Pierce

4 COLOR OR RACE

white

which employed (or employer) .....

County Washington

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

Hagerstown Village or City...

Franklin

St. 5" Ward) Ilf death occurred in a hospifal or Institution. give ifs NAME Insfead

of streef and number. ]

<sup>2</sup>FULL NAME.

Thomas J. Pierce

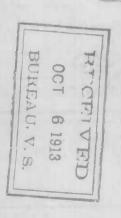
AND STATISTICAL PARTICULARS	Madrida dentificate di peati
olor or race 5 single, MARRIED, WIDOWED, ORDIVORCED (Write the wairried	16 DATE OF DEATH  (Month)  (Day  (Year)  TO LEREBY CERTIFY. That I attended Appearance from
March 3" , 1851	July 10 1913 to ling, 29 = , 1913,
(Month) (Day (Year)	
yrs. 5 mos. 27 ds. or min. ?	and that death occurred on the date stated above, at 12.30 f.m.  The CAUSE OF DEATH * was as follows:
R. R. Fireman	
sfry,	(Duration) / yrs mos ds.
Virginia.	Secondary (Dupation) — yrs. 6 mos — ds.  (Signed)
James Pierce	(Signed) V. M. D. 8-30-, 1913. (Address) Hages town Und
mtry) Virginia.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Elizabeth &	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
utry) Virginia. UE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds  Where was disease confracfed, If nof af place of deafh?
. T. J. Pierce	Former or usual residence
W. Franklin Street.	Rose Hill Cemetery Sept. 1" 1913
Henry Daves	30
,1913 REGISTRAR	
	trar. G.E. Franklin St. Balto. Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst live will be-sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupatious a single word or term on the ness of various pursuits cau be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: Measles oma, Sarcoma, ctc., of.... "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; (secondary), 10 ds. "Dropsy," "Exhaustiou," ... (name origin; "Can-Never report For VIO-



STATE OF MARYLAND ACE OF DEATH Very CERTIFICATE OF DEATH should is PHYSICIANS shou Registered No. .. If death occurred in a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVOROED (Write: the word) I HEREBY CERTIFY, That I attended deceased 6 DATE OF BIRTH (Year) (Day) pe 7 AGE If FLESS than 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, led. business, or establishment in suppi which employed (or employer) ..... may ADIN Contributory ..... 9 BIRTHPLACE (State or country) (Secondary) that (Signed) 11 BIRTHPLACE RENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER pla 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) ..... yrs. ..... mos. ..... ds. State EATI Where was disease confracted. WRITE if not at place of death? P 0 Former or Item usual residence. 0 Every iter CAUSE O important DATE OF BURIAL 15 20 UNDERTAKER ADDRESS zó 8 REGISTRAR If more Maks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, Write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. bess of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death + Name, first, the disease causing death + Name, first, the disease causing death + Name, first, the disease causing death a same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid flever (never report "Typhoid flever (never report "Typhoid flever (never report "Tuberculosis of lungs, meninges, peritonacum, etc. Carcinosis of lungs, meninges, peritonacum, etc.

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronio Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIOd8.;



PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

carefully supplied.

DEATH in plain terms, so See instructions on back of

CAUSE OF Important. S

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RECORD

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PLACE	OF	DEATH		14	6

County Washington

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Hagerstown (No.108 Randolph Ave. st. 4" Ward) [If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

#### FULL NAME Mary Catherine Powell

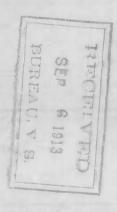
	PERSO	ONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	x emale	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED Single	16 DATE OF DEATH (Month)  17 I HEREBY CERVIFY, The	(Day (Year)
6 DAT	TE OF BIRT	н		aug 9- , 1913 , to	
		June	25" , 913		/
		(Month)	(Day (Year)	that I last saw her alive on Co	-5 1/1 w 19L3.
7 AGI	E ,	yrs1	If LESS than 1 day, hrs. OR min.?	and that death occurred on the date state.  The CAUSE OF DEATH* was as follows	
(a) T	CUPATION Frade, professio icular kind of w	n, or No	ne	del alle land Tradition	••••••••••••••••••••••••••••••
busin	General nature less, or estab h employed (or		ne	(Duration)	yrs / mos / 5 ds
9 BIR	State or con	intry) Maryla	nd.	Gontributory Secondary (Duration)	yrsds
	10 NAME O FATHER	Clyde P	owell	(Signed) Daniel a. Twa	Heirs, N.D.
11 BIRTHPLACE OF FATHER (State or country) Maryland.  12 MAIDEN NAME OF MOTHER Lola Rohrer		*Sate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,			
				13 BIRTHPL OF MOT (State of	ACE HER or country) Mary
		STRUE TO THE BES	T OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence	
	(Address).	# 108 Rand	olph Ave.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	0/			Rose Hill Cemetery	Aug. 16", 1913
Filed	sind of the 1913 Asung Aren		20 UNDERTAKER	ADDRESS	
11166			REGISTRAR	C. M. Suter & Son	Hagerstown Md.
		II more blanks	are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V	

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers cated thus: gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations (a) Spinner, essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

("Pneumonia," pneumonia"); term for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to icsis of lungs, meninges, peritonaeum, etc., "Croup";) brospinal meuiugitis"); Diphtheria (avoid use fever (the only definite synouym is time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronehopneumonia unqualified, is indefinite): fever (never report "Typhoid "Epidemic cere-Tubercu-Carcin-

> valvular heart disease; Chronic derstitial nephritis, etc. The contributory (secondary or intercurrent) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Maras genital," "Seuile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. naut neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of..... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," .... (name origin; "Can-The nature of the "Exhaustiou," Never report



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RECORD

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, DRDIVDRCED (Write the word) 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE t day, ....hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO (intermant, 15 Filed. REGISTRAR

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number. ]

MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH CAME	28,1913 (Day) (Year)
17 I HEREBY CERTIFY, That I	
ang 27, 1913, 10 as	ug 28 , 1913.
hat I last saw her alive on	1913
and that death occurred on the date stated	above, at OU Wm,
The CAUSE OF DEATH * was as follows:	
juliogas	y
- Julie Culory	J
	***************************************
(Duration)	yrs ds.
Contributory (Secondary)	
(Duration)	yrsds.
(Signed)	alle -
(signed)	M. D.
Culto 1913 (Address)	merch mo
*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, Or HOMICIDAL.	In deaths from VIOLENT (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS.	INSTITUTIONS, TRANSIENTS.
OR RECENT RESIDENTS) At place in the	
	yrs, mos ds
Where was disease contracted, If not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mancres 6 Md.	aug 30, 1913
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Regis trar, 6

Latter.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) For persons

losis of lungs, meninges, peritonaeum, pneumonia"); Lobar pneumonia; Bronchopncumonia "Croup"); Typhoid brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing prate (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE unqualified, is indefinite); Tubercufover (never report "Typhoid (avoid use etc. Carcin-

> childbirth or miscarriage, as "Purrereal septichae. mus," "Old Age," "Shock," "Traemia," "Weakness," cause of death approved by Committee on Nomencla such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), may be stated under the head of (Recomplendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



PLACE OF DEATH 11460	STATE OF MARYLAND
21/21: 1	CERTIFICATE OF DEATH
County Washington	Registration Dist. No. 306
Village or City Cen Mar (No	St.; Ward)  [If death occurred in a hospital or institution,
FULL NAME Martha	Red give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female white (Write the word)	Month) (Day) (Year)
B DATE OF BIRTH 17th of Jet 1/845	o's Cup 22, 1913, to 191,
(Month) (Day) (Year)	that I last saw harmalive on 191
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at / 434. m, The CAUSE OF DEATH* was as follows:
yrs. mos. ds. or. min.?	LL DEATH * Was as follows:
8 OCCUPATION (a) Trade, profession, or	Neart Discuse
particular kind of work  (b) General nature of industry,	(Valnulas)
business, or establishment in which employed (or employer)	(Duration) yrs. mos. r. ds.
9 BIRTHPLACE (State or country) Ballo Ro Md	Contributory (Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER OF MARIE CHART	(Signer) M. C. Carker, N. D.
11 BIRTHPLACE 10 (1)	Ruy 22, 1913 (Address) Ballo Sul.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 4n the
(State or country) Balto. 60	of death yrs mos ds. State yrs, mos ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Mass Chil	Former or usual residence.
(Address) 40 3 Y. Carey St Hall	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Q St st Such	ander Parke 1913
Filed Deg 22, 1918 Tegeste REGISTRAR	t A. Horling 1) & Love Varian entropo Pa
If more blanks are needed, address State Registrate	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative Lealthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carein-

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Purrerral septicharmia," "Purrerral peritonitis," etc. State cause for by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition." "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencia scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion,"



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 11461	STATE OF MARYLAND CERTIFICATE OF DEATH
County VV Muy lie	G 302
VIIIage or City Play interior (No. Mary of Process or City Play interior (No. Mary of Process of Pr	Registration Dist. No. 2  [if death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH	Aug. 10, 191 3, to Aug. 17 191 3
(Month) (Day) (Year)	that I last saw here alive on Aug. 17 ,1913
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
SOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos / Ods.  Contributory (Secondary)
10 NAME OF PATHER DE LA COLLECTION OF TATHER DE	(Signed) Mary S. Laughlin, M. D.
O 11 BIRTHPLACE	Aug. (8,791 3 (Address) Hageiston
Z (State or country) No June 1	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER COLUMN VILLES 9.  13 BIRTHPLACE OF MOTHER (State or country)  OUL CLUSTER (State or country)	OLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Intermant) Little TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Ray entour me	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Filed 8/18- 1913 Herry Davis REGISTRAN	20 UNDERTAKER ADDRESS
more blanks are needed, address State Regia trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., applies to each and every person, irrespective of age been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative aealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," Farmer or Planter, As examples: But in many For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the primary affection with respect to the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purreman septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," ample: Measles (disease causing death), 29 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowin eer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of "Contributory." The contributory (secondary or intercurrent) "Senfle," etc.). (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can Examples:

If this certificate is looked over thoroughly and all gurations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED SEP 6 1913 BUREAU V.S.

RECORD PERMANENT D THIS X supplied. PLAINLY 5 Item

state Very 18 pinous PHYSICIANS show Exact statement properly pe 50 back Instructions c 0 OF mportant. CAUSE

STATE OF MARYLAND 1 PLACE OF DEATH 11462 CERTIFICATE OF DEATH Registered No. 310 Ilf death occurred in St:.....Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED. (Month) ORDIVORCED (Write the word) Wilcen HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) If LESS than 7 AGE 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Frade, prefession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) ARENT State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State ..... yrs. of death ..... yrs. .... mos. ..... ds. Where was disease contracted. If not at place of death?... Former or usual residence 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication. as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerelirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of ... (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1913
BUREAU. V.S.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 CCUPATION Ilf death occurred in .....Ward) a hospital or institution, RECORD give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ERMANENT 16 DATE OF DEATH 3 SEX 4 COLOR OR BACE MARRIED, WIDOWED. (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 B DATE OF BIRTH 1913 , to acc (Month) (Day) (Year) TAGE If LESS fhan and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? properly AGE BOCCUPATION (a) Trade, profession, er INK particular kind of work\_ (b) General nature of industry, business, or establishment lo UNFADING which employed (or employer) ..... State or country) Contributory..... (Secondary) certifical 10 NAME OF FATHER of ARGIN PARENTS 11 BIRTHPLACE (Address) < OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER instructions pial 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Information OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) III THE of death . State DEATH Where was disease contracted. If not at place of death? ō Former or CAUSE OF Important. S Item usual residence DATE OF BURIAL 15 20 UNDERT REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Composite Architect, Locomotive engineer, tion is very important, so that the relative wealthfulcated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indishould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation bas As examples: (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopnoumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as cbildbirth or miscarriage, as "Purperal scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mail; cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.: oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 4 1918
BUREAU, V.S.

RECORD	PHYSICIANS should state t of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

0

1 PLACE OF DEATH County Washington

11464

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. Ne

Village or City Hagerstown

.St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

Rannie Francis Shine

_	DEDC	ONAL AND STATISTIC	CAL PARTICULA	IPS	MEDICAL CERTIFICATE OF DEATH
3 SE		4 COLOR OR RACE	5 SINCLE, MARRIED, WIDOWED, ORDIVORCED (Write the WE		16 DATE OF DEATH (Month) (I)Ay (Year)
	TE OF BIRT			13/11/2	17 I HEREBY CERTIFY, That I attended deceased from July 30, 1913, to July 7, 1913
		April (Month)	23 (Day	1913 (Year)	that I last saw h alive on See Shall 191
7 AG	ìE	•••• <sub>yrs</sub> 3	mos 13 ds.	If LESS than f day,hrs.	and that death occurred on the date stated above, at 9-430, m. The CAUSE OF DEATH* was as follows:
(a)	Trade, profession ticular kind of	on, or Mana		\$8.000000000000000000000000000000000000	This colities
busi	General nature iness, or esta ch employed (or	of Industry, blishment in	•	<b>800</b> 0000000000000000000000000000000000	(Ouration) yrs mos / 4 ds.
	RTHPLACE (State or eo				Secondary (Duration) yrs. mos / 4 ds.
	10 NAME C	F			(Signed) , M. D.
ARENTS	11 BIRTHP OF FAT (State	THER	ginia		*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) Whether Accident
AR	12 MAIDEN	THER			TAU, BUILDAU, OF HUMICIDAL.
<u>n</u>		LACE THER or eountry) Vir	Robinsor ginia	]	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds
	(Interment)	ohn H. S	TOF MY KNOW	LEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
	(Address)	234 S Malnu	& Hage	stown	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	81/1	2 1913/18	mus	MENZIS	Rose Hill Hagerstown Md. Aug. 9 197
	//	~ 0	1	REGISTRAR	S. Keller Lowman Hagerstown Md.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who receive 'a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation—Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculces of lungs, meninges, peritonaeum, etc., Carcin-

17 xx

ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopncumonia (secoudary), 10 ds. affection need not be stated unless important. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustiou," Never report



PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT stated EXACTLY. UNFADING INK-THIS AGE PLAINLY, WITH CAUSE OF important.

ż

1 PLACE OF DEATH

11465

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

FULL NAME SUCE (30)	n
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Phite Single, Wisower, Orbivorces Orbivorces (Write the word)	16 DATE OF DEATH  (Mosth) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw handle on the saw handle of the saw handle on the
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work	Premahan Bull ,
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
State or country) Hackes I Town In d	Secondary
10 NAME OF FATHER Danish E. Shrader	(Signed) (Signed) , M. D
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
- Carl of wime in t	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
(Informant) Clamiel E. Sheada	Where was disease contrected, Ii not at plece of death?  Former or  usual residence.
(Address) 23 Wite St Hagesstown	Broadbraing beauty aug 6 1913
Filed 6- 1913 Cury Davis REGISTRAR	20 UNDERTAKER ADDRESS SKeller Gowman Hagestain

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. I.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.) For persous Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, ctc. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be Indlvery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman." (0)

pneumonia"); Lobar "Croup";) prospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," fever (the only definite synouym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, for the same disease. Examples: Cerebrospinal meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercumoningos, peritonaeum, etc., pneumonia; Bronchopncumonia Diphtheria (avoid

> mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a defiuite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Mcusles (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



OCCUPATION IS PHYSICIANS RECORD ENT EXACTLY PERMAN 4 classi D proper 5 × supplied O may NIQ certifical that 50 bac terms pin EATH in plain P D Item OF Every Item CAUSE OF Important.

state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... fit death occurred in St.:...Ward) a hospital or institution. give its NAME Instead of street and number.] <sup>2</sup>FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. Marriel (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Dav) if LESS than 7 AGE and that death occurred on the date stated above, at t day, .....hrs. The CAUSE OF DEATH \* was as follows: min. ? BOCCUPATION (a) Trade, profession, or particuler kind of work ... (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory (Secondary) (State or country) (Duration) 10 NAME OF (Signed) FATHER ., 1913 (Address). 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ..... yrs. ..... mos. ..... ds. State ...... yrs, ..... mos, ..... ds Where was disease contracted. KNOWLEDGE 14 THE ABOVE IS TRUE TO it not at place of death? Former or (informant) .... usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). ...... 191 15 ADDRESS REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same deausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "MarasgenItal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," (Recommendations on statement of (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

REP 6 1919

County County Death 11467	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 306
Village or City Resorre Clara A	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ouale Thite (Write the word)	18 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
Month) (Day (Year)	that I just saw h. IN alive on Aut 6 1913
TAGE  If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 2 .m., The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or perticular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Carcinoma of Liver  (Ouration) 2 yrs mos ds.
9 BIRTHPLACE (State or country) Led. C. Md.	Contributory Cleurisy Secondary
on 11 BIRTHPLACE	(Signey) Distriction (Signey) And Street (Signey) (Signey) (Address) Smithsburg Mr. D.
OF FATHER (State or country) III, W. AMA  12 MAIDEN NAME OF MOTHER Atherwal and 13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
4 THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	of deathyrs,mos,ds. Stateyrs,mosds Where was disease contracted, if not at place of death?  Former or  Usual residence.  19 PYACE OF BURYAL OF REMOVALOTE OF BURIAL
16 / Appress)	X mithalina MA aug 10 101

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address State Registror, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the tbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of Never report Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

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BUREAU, V.S.

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Co	unty fashington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 302
Vill	2FULL NAME Trene	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
10	male Mite Willowed Lungle or birth Danuary 20, 19/3	16 DATE OF DEATH  (Mopth) (Day (Year)  17  I HEREBY GERTIFY, Phat I attended deceased from  Aug 15  1913, to Aug 23  1913,
(a)	(Month) (Day (Year)  If LESS than  1 day,hrs.  ORmin. ?	and that death occurred on the date stated above, at 91 m, The CAUSE OF DEATH* was as follows:  Apullary Dronchuts
(b) busi whice	General nature of industry, ness, or establishment in ch employed (or employer)  RTHPLACE (State or country)	Contributory and Contributory And Contributory Canada Ghanston
PARENTS	10 NAME OF FATHER John M. Suider  11 BIRTHPLACE OF FATHER (State or country) Unington. Md  12 MAIDEN NAME OF MOTHER A	(Signed)
14 <sub>T</sub>	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE informant)  M. J. M. J.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease confracted, if not at place of death? Former or usual-residence.
16 File	REGISTRAR	19 De Lace of Justial ON REMOVAY 69 TE OF BURIAL 1913 20 DINDERTAGER JACKS APPRESS LEVEN LOWMAN HAGERSTONM
	A more branes are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Wcakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (seeondary or intercurrent) State cause for



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3 Item

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH state 11469 CERTIFICATE OF DEATH County Washington should is Registration Dist. No.1 PHYSICIANS shou Village or City Hager stown (No 3 Alexander ..Ward) St .:---Still Born 2FULL NAME. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED. (Month) Write the Sarngle Male White I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH August (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or None particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ----certificate. BIRTHPLACE Contributory. (State or country) Secondary Hagerstown 10 NAME OF FATHER (Signed) 0 John A. Socks Jr. back ARENTS 11 BIRTHPLACE (State or country) Hagerstown Md. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INTER; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. LO 12 MAIDEN NAME instructions OF MOTHER Rose E. Shank 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At nlace In the OF MOTHER (State or country) Hagerstown Md. of death ...... yrs. State ..... yrs, \_\_\_\_ mos. .... \_\_ ds. Where was disease contracted. MY KNOWLEDGE It not at place of death? Former or OF usual residence. mportant. Every Ite 19 PLACE OF BURIAL OR REMOVAL (Address) Rose Hill Hagerstown 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

REGISTRAR

Ilt death occurred in

a hospital or Institution,

give Its NAME Instead of street and number. I

DATE OF BURIAL

August 27, 181....

ADDRESS

S. Keller Lowman Hagerstown Md.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also "(b) who have no occupation whatever, CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs," meninges, peritonaeum, etc., Carein-

"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... ture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (seeondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-State eause for "Exhaustion, Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

V. S. No. 1.

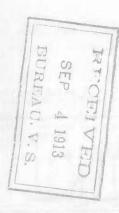
Village or City/Candysville Md.  2 FULL NAME	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No. 3  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX  4 COLOR OR BACE  WARRIEO, MARRIEO, WIGOWED, WIGOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That 1 attended deceased from Aug to 1913, to Aug to 1913, that I less saw how alive on Aug to 193
FAGE  yrs. mos. 8 ds. or min.?  GOCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, st. 9 A., m. The CAUSE OF DEATH* was as follows:  Cause Committee  Cause Cause Cause  Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause  Cause Cause Cause Cause  Cause Cause Cause Cause  Cause Cause Cause Cause  Cause Cause Cause Cause  Cause Cause Cause Cause  Cause Cause Cause Cause  Cause Cause Cause Cause Cause Cause  Cause Cause Cause Cause Cause Cause  Cause Cause Cause Cause Cause Cause  Cause Cause Cause Cause Cause Cause Cause Cause Cause  Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause C
(b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Howard Homas  11 BIRTHPLACE OF FATHER	Contributory (Secondary)  (Signed)  (Duration)  (Duration)  (Signed)  (Signed)  (Address)  (Address)  (Duration)  (Buration)
(State or country) May Notice Mules  12 MAIDEN NAME Torunca Sorting  13 BIRTHPLACE OF MOTHER (State or country) Towns will Ind	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos, ds. Where was disease contracted.
(Informant) Howard Thomas  (Address) Kyudys wills Tack  Filed Angle 1913 Held Registran 6 1	19 BLACE OF BURIAL OR REMOVAL  Shorts bury ma Alfred 5 1913  20 UNDERTAKER  ADDRESS  ADDRESS  Kundys will

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the pierase causing death of cause of death—Name, first, the pierase causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-



V. S. No. 1.

/	should state ON is very
RECORD	PHYSICIANS of OCCUPATI
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
ITE PLAINLY, WITH UNFADING	Every item of information should be carefully supplicable OF DEATH in plain terms, so that it may
WRI	N. B.—Every item of CAUSE OF D

PLACE OF DEATH 11471	STATE OF MARYLAND CERTIFICATE OF DEATH
County / Jas Muy lon	2/07)
2/1-	Registration Dist, No. 3
Village or City / a geraloups	St.; Ward) [If death occurred to
10-1	a hospital or Institution,
in the toplate	of street and number.]
2FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BOCE 5 SINGLE,	18 DATE OF DEATH
Male Thit (Write the word)	(Month) (Day (Year)
	I HEREBY CERTIFY That I attended deceased from
S DATE OF BIRTH	Mug 2 1913 10 Clup 2/ 1913
	1 in . O.l. 21 3
(Month) (Day (Year)	that I last saw h M alive on Sulfa 2 1913
'AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm,
yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trade, profession, or particular kind of work	- Caralyeis
(b) General nature of industry,	
bosiness, or establishment in	(Duration) Ars mos 2/ds
which employed (or employer)	Contribusory Crotable Semorrhage
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Outation) yrs mos ds.
FATHER Jacot Vorus	(Signed)
	(Address) Truketom Med
T 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	
E 12 MAIDEN NAME NA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a OF MOTHER Mary Tloud	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECERT RESIDENTS)
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE	Where was disease contracted,
Transport N Vone	if not at place of death?
(Informant)	usuai residence
(Address) trukstom Ild	19 PHACE OF BURIAL OF REMOVAL
16 01	Dearn reck Ma aug 23 191
Filed 123/193 Henry Wavis	20 UNGERTAKER / ADDRESS
REGISTRAR	N. T. Kolcher Hunkyla
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
V State William	Mel

[Approved by U. S. Census and American Public Health Association.]

mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Contributory." The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently-filed.

SEP 6 1913

PECEIVED

OCT 28 1913

BUREAU. V S.

V. S. No. 1.

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	RECORD	PHYSICIANS
DAIGNIE ROLL DIANGE	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	em of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS si
	WR	ma de

	PLACE OF DEATH 11472	STATE OF MARYLAND
Co	unty Washington	CERTIFICATE OF DEATH Registration Dist, No. 202
Vii	lage or City Hagerstown (No. 440 W.)	Washington St.; Ward)  [If death occurred a hospital or institution give linstee and number of street and number o
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, Write the WORDTied	16 DATE OF DEATH  (Month) (Day (Year)
	September 22 1852	17 HEREBY CERTIFY, That I attended deceased from 1913, to 1914 1 3 191 that I just saw hour alive on 1914 1 3 191
7 A C	(Month) (Day (Year)  GE   If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 9.50 A. The CAUSE OF DEATH* was as follows:
(b) bus whi	Trade, profession, or ricular kind of work.  Deneral nature of industry, ciness, or establishment in inch employed (or employer)  IRTHPLACE (State or country)  Thurmont	Contributory Civilization 2, yrs 0 mos.  Secondary Secondary (Ourseles)
ENTS	10 NAME OF FATHER Alfred H Troxell  11 BIRTHPLACE OF FATHER	(Signed) (Duration) yrs mos Z  Lug N, 1913 (Address) (Dug Erro / DW)
PAREN	(State or country) Wolfsville Md.  12 MAIDEN NAME OF MOTHER  Maranda M. Weller	tate the DISEASE CAUSING DEATH, or, in deaths from VIOLE; CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide TAY, SUICIDAL, OF HOMICIDAL.
14 7	13 BIRTHPLACE OF MOTHER (State or country) Thurmont Md. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos
	by Shi & Thatelo	If not at place of death?
	O Rotres Flash St Hages Townerd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the oecupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The

pneumonia"); Lobar "(Croup";) brospinal CAUSING DEATH (the primary affection with respect to ("Pneumonla," fever (the only definite synonym is "Epidemie ceretime and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid pneumonia; Bronchopneumonia usc of Carcin-

> LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association. cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: Accidental, suicidal, or homicidal, or as probably which surgleal operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Juanitiou," "Marasthenia," "Auaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. affection need not be stated unless important. , Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles "Seuile," etc.), (Recommendations on statement of (disease eausing death), 29 (seeondary or lutercurrent) "Dropsy," State cause for "Exhaustiou," Never report ds.;



RECORD	PHYSICIAN of OCCUPA
PERMANENT	tated EXACTLY.  Exact statement
TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS. ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
UNFADING IN	carefully supplied.
LAINLY, WITH	nation should be in plain terms, so
E P	Inforr

STATE OF MARYLAND 1 PLACE OF DEATH 11473 CERTIFICATE OF DEATH Registration Dist. No [It death occurred in Viilage or City St.;....Ward) a hospital or institution, give its NAME Instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO, Write the word) 8 DATE OF BIRTH (Month) (Day) (Year) It LESS than 7 AGE 1 day .....hrs OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry,

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
	that I last saw her alive on algority 4 1913
	and that death occurred on the date stated above, at
	The CAUSE OF DEATH* was as follows:
	mulutiting and
	414 Es R. L.
	1
	(Ouration) yrs. mos/2 ds.
	Contributory(Secondary)
	(Duration) yrs mos. ds.
	(Signed) Adulet Toly, M. D.
-	They 6, 1913 (Address) Bonelow. Trul
-	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	OR RECENT RESIDENTS
	ot death yrs. mos. ds. State yrs. mos. ds
	Where was disease contracted, it not at place of death?
	Former or usual residence.
	40
	9 11 0 1-10
7	docust Trove Councley ary 7 , 1913.
	20 UNDERTAKER ADDRESS
	weller I Back Bal land

YSICIANS should state OCCUPATION is very instructions of DE Sec Item Every Item CAUSE OF Important.

ENT

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15 Filed.

business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO

OF FATHER (State or country)

which employed (or employer) .....

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m

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[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:

(a) Spinner, (b) Cotton mill; (a) Salesman, (b)

(b) Automobile factory. The CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease. The definite); Tubercu-losis of lungs, meninges, peritonaeum, etc., Carcin-

such, If impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicchildbirth or miscarriage, as "Puerperal scptichae -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Araffection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train—acci-ACCIDENTAL. SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Measles (disease causing Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds. State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1913
- BUREAU V.S.

properly classified.

CAUSE OF Important. S

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S. No. 1.

PHYSICIANS should state of OCCUPATION is very

RECORD

#### 1 PLACE OF DEATH

11474

County Washington



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; 2-Ward)

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

Village or City Hager stown

(No.21 Summer

Lulu Belle Viar FULL NAME.

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORGEDWARFIED White the Work in ited	16 DATE OF DEATH August 30,1913 (Month) (Day (Year)
8 D/	May 3 (Year (Month) (Day (Year	17 I HEREBY CERTIFY, That I attended deceased from 191.3, to 191.3  that I last saw h 11 alive on 9/29 - 191.3
7 A C	45 yrs 3 mos 27 ds It LESS to 1 day,	18. The CAUSE OF DEATH* was as follows:
(a) par (b) busi	CCUPATION I Trade, protession, or Housewife Cloular kind of work Housewife General nature of Industry, Iness, or establishment in	(Duration) 2 /yrs mos ds
9 BI	RTHPLACE (State or country)  Stanley VA.	Contributory Secondary (Duration) yrs mos ds
EN	Andrew Stomebarger  11 BIRTHPLACE OF FATHER (State or country) Stanley Va.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER  Miss Good  13 BIRTHPLACE OF MOTHER (State or country) I Stanley Va.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
	(Informant)	Where was disease contracted, It not at place of death?  Former or usual residence.
15 File	ed ]/- ,1923 REGISTRAR	Shephardstown W. Va. Sept 1, 1913  20 UNDERTAKER  S. Keller Lowman Hagerstwon Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. been changed or given up ou account of the DISEASE material worked on may form part of the second Grocery; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton form, (c) Automobile factory. The second , etc. If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death is respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesses of bungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. such, if impossible to determine defluitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need uot be stated uuless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations ou statement of "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVED FOR BINDING MARGIN V. S. No. 1.

County Washington	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Cagerstown (No. Wash.	. Co. Hospital st.; 3"Ward)  Levine White  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single,  MARRIEO,  WIDOWEO,  WIDOWEO,  WIPOWEO,  Wipo	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
TAGE  TAGE  TAGE  TAGE  TO DATE OF BIRTH  (Month)  (Day (Year)  (Year)  1 day,hrs.	that I last saw he alive on
B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	Carenca of fourel seeking  (Duration) yrs. 3 mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Leter B. Harter  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER	Contributory Secondary  Secondary  Contributory Secondary  Contributory Secondary  (Duration)  Wisser Contributory  (Signed)  Wisser Contributory  (Signed)  Wisser Contributory  (Signed)  Wisser Contributory  (Signed)  Wisser Contributory  Wisser Contributory
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At piace In the of death yrs mos ds  Where was disease contracted,
(Interment) & M. White  (Address) Hagerstown M/,  15 Filed 8/6, 1913 Hanny Davis REGISTRAR	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  APDRESS  Appress
If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CEDTIFICATE OF DEATH

11475

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples: (0)

pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, brospinal meningitis"); Diphtheria (avold use of force (the only definite synonym is CAUSING DEATH (the primary affection with respect to term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid moninges, peritonacum, etc., unqualified, is indefinite): Tubercufever (never report "Epidemic cere-"Typhoid Carcin-

> mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can "Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Juanttion," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of (secondary), 10 ds. State cause for "Exhaustion," Never report For viods.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 6 1913
BUREAU, V. S.

BINDING ESERVE

RECORD

PERMANENT

CERTIFICATE OF DEATH Registration Dist. No... St.:...Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDDWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified. (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day.....hrs. The CAUSE OF DEATH\* properly BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. be (b) General nature of Industry. business, or establishment in may which employed (or employer) ----certificate. Contributory..... 9 BIRTHPLACE (State or country) Secondary that 10 NAME OF FATHER of back ARENTS 11 BIRTHPLACE OF FATHER pinous \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 0 12 MAIDEN NAME piain OF MOTHER instructions information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTA ٦ 13 BIRTHPLACE At place in the OF MOTHER (State or country) of inform DEATH ot death ...... yrs. ..... mos. ..... ds. Where was disease contracted. TO THE BEST OF MY KNOWLEDGE it not at place of death?..... Former or E OF (Interment) usuai residence.... Important. OR REMOVAL Every 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. X6. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

It death occurred in

(Year)

a hospital or institution.

give its NAME instead of street and number. I

(Dav

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

catcd thus: CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement or "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," Never report For vio-



Cou	PLACE OF DEATH 11477 unty Washing tow	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Vii	PULL NAME Sarah Elyabeth	Warding Those; Ward)  Nelson Wise [If death occurred is a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, WIDOWED, OROIVORGED (Write the word)  TE OF BIRTH   2 , 1829.  (Mouth) (Day) (Year)	16 DATE OF DEATH Aug (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from July (5, 1913, to Aug 8, 1913  That I just saw her ally on Aug 8, 1913
7 AGI		and that death occurred on the date stated above, at
partl (b) ( busin which	General nature of industry, ess, or establishment in the employed (or employer)  THELACE te or country)  Mary land	(Duration) / yrs. 3 mos. ds  Contributory (Secondary) (Ouration) / yrs. mos. ds
ENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
1471	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos. ds. State yrs, mos. ds Where wes disease contracted, It not at place of death? Former or
15	(Address) Cayerstown m.cl.  (Address) Cayerstown M.cl.  (Address) Payerstown M.cl.  (A	19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  AUGUST  20 UNDERTAKER  ADDRESS  E. Franklin St., Bajto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. statement. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the tion is very important, so that the relative dealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons

Statement of cause of death-Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of tungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purpresal scottchaecause. Always qualify all diseases resulting from cause of death approved by Committee on Nomencia "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "TUERPERAL peritonitis," ctc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Dropsy," "Exhaustion," "A sart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. ture of the American Medical Association.) mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock." may be stated under the head (Recommendations on statement of 'Traemla," "Weakness," (name origin; "Can Examples:



PLACE OF DEATH 11478	STATE OF MARYLAND CERTIFICATE OF DEATH
County // Mohring for	Registered No. 316
Village or City Kardy Sulle (No. 1)	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISFICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Brite the word)	16 DATE OF DEATH  (Month) (Day) (Year)
May 13 1840 (Month) (Day) (Year)	that I last saw h down allye on Que 2 1 1913.
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
a) rade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	(Duration) / yrs. mos. ds.
9 BIRTHPLACE (State or country) Pakles Mills Ma	Contributory (Secondary)  (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER CINCON Wyand  12 MAIDEN NAME OF MOTHER D. 11  13 MAIDEN NAME OF MOTHER D. 11  14 MAIDEN NAME OF MOTHER D. 11  15 MAIDEN NAME OF MOTHER D. 11  16 MAIDEN NAME OF MOTHER D. 11  17 MAIDEN NAME OF MOTHER D. 11  18 MAIDEN NAME OF MOTHER	(Signed)
of MOTHER Robbreca Durling  OF MOTHER  OF MOTHER  (State or country) Karchysville Aug	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  of death
14 THE ABOVE ISTRUE TO THE SEST OF MY KNOWLEDGE Informant Darah Pilyand	Where was disease contracted, if not at place of death?  Former or usual residence
Address Randys viller mod  Filed aug 22 1913 HHS simmen  REGISTRAF	Chandys wille man date of Burial  Chandys wille man and 24, 1913  20 UNDERTAKER  Chandys willy
If more blanks are needed, address State Registrar, 6	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Aswhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasample: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis. Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_ is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 ds.; For VIO-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
Gounty Dugue	Registration Dist. No. 302
Was to the	
Village or City Class (No. 148	St.; 3 Ward) [It death occurred in a hospital or Institution,
0 0 00 1	give its NAME Instead of street and pumber.]
2 PULL NAME Sarah D. Ugu	rgling,
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDDWED, Stidow	16 DATE OF DEATH Qug 20 1913
Female White (Write the word)	(Mooth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from aug /7, 1913, to aug 20, 1913,
October 23 1855	1913, to dug 20 ,1913,
(Month) (Day) (Year)	that I last saw h _ allve on _ ug _ 20, 191 3
7 AGE It LESS than	and that death occurred on the date stated above, st. 200 m,
57 yrs. 9 mos. 26 ds. ORmin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, protession, or	Perolinilis.
particular kind of work	***************************************
business, or establishment in // Accuse and	(Duration) yrs mos 2 ds.
which employed (or empioyer)	Contributory Merfaration of bowel du
BIRTHPLACE (State or country)	(Secondary)
10 NAME OF	(Duration) yrs mos ds.
FATHER Ochh	(Signed) , M. D.
O 11 BIRTHPLACE	ang 20, 1913 (Address) Nayneston Pa
State or country) Barroll Co. Ad.	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Capline Juneman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place few hours in the ot death yrs, mcs ds.
(State or country) (acrost Co. (110)	of death yrs/ mos ds. State yrs, mcs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of death?
(Informant) Luther H. (Jungling	Former or usual residence Maynessearo Pa
Of anterest for Par	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Curgues voco ( ) a	1/5
8/01 1 Hours Aug	20 YNDERTAKER ADDRESS
Filed 1913 YMM REGISTRAR	la Helley Von VIG.
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1
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[Approved by U. S. Census and American Public Health Association.]

For many occupations a single word or term on the essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative leaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, periionaeum, etc., Carein-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion." (name origin; "Can Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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D Z	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	of information should be carefully supplied. AGE should be stated EXACTLY. PHY DEATH in plain terms, so that it may be properly classified. Exact statement of	
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PATION IS

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or Institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. (Month) (Year) ORDIVORCED (Write the word) (Dav I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEAT OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributor (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place less race 24 days the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST It not at place of death?. Former or usual residence. OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return Automobile factory. "Laborer," "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," unqualified, is indefinite): Tubercupneumonia"); CAUSING DEATH (the primary affection with respect to "Croup";) time and causation), using always the same accepted prospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Ccrebrospinal Statement of cause of death-Name, first, the DISEASE mcnlngitis"); Diphtheria Typhoid Lobar fever (never report "Typhold pucumonia; Bronchopncumonia (avoid

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